

**Walworth County Health and Human Services Department**  
**Quality Service Review Findings**  
August 15 – 18, 2011

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**Conducted by:**  
**Wisconsin Department of Children and Families**  
Continuous Quality Improvement

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## Executive Summary

Since 2005 the Wisconsin Department of Children and Families has used the Quality Service Review (QSR) to assess the performance of its child welfare operations. In August 2011 the Department conducted the second review in Walworth County.

The scope of the QSR process has expanded since Walworth County's first review in 2008. Walworth County's Access and Initial Assessment program areas were reviewed for the first time with this review. Three protocols were utilized to gather data across 37 cases and included 12 ongoing cases, 19 access reports, and six initial assessments. The case review process generates an understanding of front line practice or what the QSR calls the *micro* perspective.

The QSR used a different process to acquire the *macro* perspective, which is the understanding of how the child welfare system as a whole is performing. While two site leaders coordinated the review of the 37 cases, a third site leader conducted 15 separate focus groups of key informants and stakeholders including agency staff, providers, foster parents, legal partners and others.

### Walworth County Access and Initial Assessment Practice Performance

#### Notable Practice Performance Strengths – Access:

- Timely screening decisions – The majority of the reports reviewed were screened and assigned within 24 hours of receipt.
- Reports contained basic information on the child and family – Many of the reports contained thorough information related to the alleged maltreatment and surrounding circumstances. These reports contained sufficient information to understand the reporter's concerns. In addition, inquiry into the child's location and current access by the alleged maltreater was explored.

#### Notable Practice Performance Challenges – Access:

- Reports were found to be generally “incident focused” – Although many of the reports provided sufficient information to understand the alleged maltreatment and who was involved, the reports generally did not contain information needed to assess for possible impending danger threats.
- Faxed reports that do not contain adequate information – It is standard practice that whenever a child is present during a law enforcement intervention, the law enforcement agency faxes a copy of their report to the agency. The police report essentially becomes an Access report and this practice is viewed as a challenge because without follow-up contacts with the reporter to ascertain their understanding of child and adult/family functioning as well as parental protective capacities, it can be more difficult to make an informed screening decision.

### Notable Practice Performance Strengths – Initial Assessment:

- Use of a family centered, engaging approach – The agency utilizes varied approaches to build a partnership with the family using outreach and rapport-building strategies in order to increase child and family engagement.
- Use of collateral contacts during information-gathering phase of assessment – Interviews with family members were supplemented with collateral contacts in order to gather the most accurate information to aid in decision making.

### Notable Practice Performance Challenges – Initial Assessment:

- No notable challenges.

## Walworth County Ongoing Practice Performance

The table below displays the practice performance indicator scores from the 2008 review in comparison to the 2011 review that finished in the acceptable range. Twelve ongoing cases were reviewed in each year and the percentages by each practice indicator represent the percentage of cases found to be in the acceptable range for that indicator. The QSR uses a six-point rating scale and scores in the 4-6 range are deemed acceptable. Scores in the 1-3 range are deemed unacceptable.

The scores on practice performance for both Walworth County reviews are presented in the following table.

Walworth County Quality Service Review 2008 and 2011					
Two Point Scale Comparison					
	2008		2011		
Name of Indicator(s)	N=	Acceptable	N=	Acceptable	Delta
Practice Performance:					
Engagement/Role and Voice-					
Child/Youth	7	100%	10	80%	-20%
Mother	12	67%	12	42%	-25%
Father	12	58%	9	33%	-25%
Subst. Caregiver	7	100%	10	100%	0%
Role & Voice: child/youth	7	100%	8	75%	-25%
Role & Voice: mother	12	58%	12	50%	-8%
Role & Voice: father	12	50%	8	38%	-12%

Role & Voice: Subst. caregiver	7	100%	10	100%	0%
<b>Core Practice Functions-</b>					
Coordination	12	92%	12	83%	-9%
Team Formation	12	33%	12	50%	17%
Team Functioning	12	42%	12	58%	16%
Assessment & understanding: safety	11	92%	10	80%	-12%
Assessment & understanding: overall	12	75%	12	92%	17%
Long-Term view	12	50%	12	58%	8%
<b>Planning Change Process-</b>					
Safety management	12	75%	9	56%	-19%
Permanency	8	63%	11	82%	19%
Behavior outcomes: child/youth	6	83%	5	80%	-3%
Behavior outcomes: parent/family	12	58%	12	67%	9%
Sustainable supports	12	50%	12	75%	25%
<b>Core Practice Functions-</b>					
Resource & support: Child/youth	11	82%	12	100%	18%
Resource & support: parent/family	12	58%	12	55%	-3%
Resource & support subst. caregiver	6	100%	12	100%	0%
Intervention adequacy	12	75%	12	75%	0%
Tracking	12	92%	12	83%	-9%
Adjustment	12	67%	12	75%	8%
<b>Specialized Practice-</b>					
Transitions & Adjustments	5	40%	8	63%	23%
Family interactions: birth mother	5	80%	10	80%	0%
Family interactions: birth father	6	33%	6	33%	0%
Family interactions: siblings	3	33%	10	80%	47%
Quality relationship: birth mother	5	80%	10	90%	10%
Quality relationship: birth father	6	33%	6	33%	0%
Quality relationship: siblings	3	33%	10	80%	47%
Cultural accommodations	3	67%	3	100%	33%

Overall Patterns-					
Overall Progress to Permanency	12	58%	10	50%	-8%
Overall Practice Performance	12	75%	12	67%	-8%
Legend					
N = The number of cases scored for each indicator. (12 Total in 2008 & 12 Total in 2011)					

#### Notable Practice Performance Strengths:

- Team Formation and Functioning, and Long Term View (LTV) for Safe Case Closure – Scores from the cases as well as stakeholder feedback from a number of focus groups indicate HHSD is conducting a greater number of family teams in 2011 than in 2008. A direct correlation between teaming scores and LTV scores was noted. In the four cases where both team formation and functioning scored unacceptable so did LTV. In all but one of the remaining eight cases where team formation and functioning scored in the acceptable range so did LTV. This suggests that when the formal and informal supports to the family work in a teaming model they are more likely to understand and agree on the defined conditions that must be met for safe case closure.
- Planning for Permanency – This indicator also showed notable improvement since 2008 reflecting purposeful efforts and strategies on behalf of the agency case managers and corporation counsel to achieve timely permanency outcomes for children. It should be noted that in all cases where teaming scored in the acceptable range, the permanency planning scores did the same.
- Achieving quality family interactions with siblings – These two indicators also reflect purposeful efforts to facilitate sibling visitation with the goal of strengthening the quality of their relationships when one or more of them were removed from their home.

#### Notable Practice Performance Challenges:

- Engagement and Role and Voice (Children, Mothers and Fathers) – The significant drop in engagement scores of -20%, -25% and -25% for children, mothers and fathers, respectively, should be of concern. All current research and evidence-based case practice models continue to cite the engagement of the family as essential to the family change process. To a lesser extent a similar downward trend was noted in the scores for role and voice of family members. The trend is paradoxical to stated agency efforts to expand family centered practice.
- Safety Assessment and Safety Planning – The drop in these two indicators may just be a matter of timing. Just prior to the QSR, the agency completed a series of trainings in safety. The case records and impressions of those interviewed may reflect conditions prior to staff receiving safety training.

## **Stakeholder Interviews**

This review involved stakeholder interviews with 15 key informant and stakeholder groups totaling 88 individuals. The collective feedback from the focus groups forms the *macro* view of the child welfare system in Walworth County. The *macro* view reveals a number of important themes and patterns of practice among the stakeholders, which in turn influence outcomes for the children and families in the system. A full list of focus group feedback can be found in the appendices. However, the following citations were felt to be the most notable, and therefore relevant to the Executive Summary.

### **Common Themes:**

- Families are more complex and challenged with combinations of poverty, mental illness, substance abuse, domestic violence and trauma histories.

### **Notable Organizational Strengths:**

- There is strong communication and support between the children and families, mental health and AODA units. Since the majority of parents present with mental illness, addiction or both the agency can effectively provide those needed services, often in a family team model.
- Staff throughout the agency are developing or using evidence-based treatments and services. This enables families to reunify and/or exit the system in a reasonable length of time as evidenced by the agency's performance outcome in time to reunification.

### **Notable Organizational Challenges:**

- Crisis unit and juvenile court intake staff receive all incoming CPS and service reports resulting in inconsistency in the quality and completeness of the reports. The quality and completeness of required information in the report influences the accuracy and judgment of the decision to screen it out or in for investigation/assessment.
- Stakeholders and practice partners from a variety of focus groups stated the HHSD needed a fourth initial assessment worker. National studies suggest the maximum cases an initial assessment worker can be assigned in a month are between 10 and 12. Walworth initial assessment worker's assignments ranged between 12 and 17 per month at the time of the review.

### **Notable Resource Strengths:**

- HHSD and some local service providers have been developing a trauma informed system of care for the last year and a half. This is a needed resource as the preponderance of children and parents entering the child welfare system have experienced significant trauma.
- The functional family therapy program has proven to be very effective with over 75% of families completing the service. This is an evidence-based treatment intervention which has shown so much success the agency plans to replicate a similar model for families of juvenile delinquents.



**Notable Resource Challenges:**

- There are very few services and interpreters for Spanish-speaking parents. Latinos and Hispanics comprise 10% of the Walworth County population.
- There is a need for local services to sexual offenders, particularly those 17 and under. Costs to treat them outside the county can be prohibitive.

**Notable Practice Strengths:**

- Case managers have a mixed caseload of CHIPS, juveniles in need of protection and services (JIPS) and delinquency cases resulting in the potential for family centered practice with all families.
- Case managers can team or work in pairs on difficult or challenging cases. This practice has shown promise in other counties for crafting and executing effective change strategies with families.

**Notable Practice Challenges:**

- Some community stakeholders disagree with a number of the agency's screening decisions.
- It was noted there is inconsistent use of family teams, in other words, some case managers make use of a teaming model and others do not. There are no uniform expectations for teaming within the agency's case practice model.

**Notable Legal Strengths:**

- There was found to be strong corporation counsel performance and collaboration with agency staff in CHIPS and TPR cases.
- The agency staff are using concurrent planning as a strategy for achieving timely permanency for children.

**Notable Legal Challenges:**

- Conditions for a child's return home all look and sound the same and reflect "a cookie cutter" approach. For the most part, the conditions state activities the parent must perform with little to no measurable and specific behaviors related to safety. The conditions describe well-being related objectives, i.e., maintain employment and housing with very little related to the specific elements of safety which led to child removal.
- Only 25% of parents are represented by legal counsel in CHIPS cases. This practice in other counties has contributed to delays and continuances and can be a barrier to achieving timely disposition.

## Recommendations

1. **Add a fourth Initial Assessment (IA) Worker.** Stakeholders from many focus groups voiced the need for an additional IA worker. Two performance measures are directly affected by understaffing at the point of IA. They are timeliness of initial face-to-face contact and completing the initial assessment within the 60-day timeframe set in statute and standards. Presently the IA unit is not achieving the performance standard set for these two measures.
2. **Implement strategies to improve consistency of quality and completeness of child abuse and neglect (CAN) reports in Access.** The current inconsistencies related to the quality and completeness of CAN reports generate risk and liability because it can increase the number of false positives and false negatives. Through not gathering the required information identified in the standards, the supervisor increases the likelihood of erroneously screening a case out that should have been screened in (false negative). False positives negatively affect workload by investigating a case that should have been screened out.
3. **Critically discern the cause(s) for the drop in scores for Engagement and Role and Voice and initiate strategies to reverse the trend.** The answers to this enigma may initially be explored through analysis of the stories which were sent to the ongoing supervisor. That would be a logical first step. A follow-up step may be to utilize the root cause analysis process, used by the facilitators in the development of the agency Action Plan, to identify underlying factors contributing to the declining scores.

# **Walworth County Health and Human Services Department**

## **Quality Service Review**

Conducted August 15-18, 2011

### **I. Introduction and Background**

Since 2005 the Wisconsin Department of Children and Families has used the Quality Service Review (QSR) to assess the performance of its child welfare operations. In August 2011 the Department conducted the second review in Walworth County.

The scope of the QSR process has expanded since Walworth County's first review in 2008. Walworth County's Access and Initial Assessment program areas were reviewed for the first time with this review. Three protocols were utilized to gather data across 37 cases and included 12 ongoing cases, 19 access reports, and six initial assessments. The case review process generates an understanding of front line practice or what the QSR calls the *micro* perspective.

The QSR used a different process to acquire the *macro* perspective, which is the understanding of how the child welfare system as a whole is performing. While two site leaders coordinated the review of the 37 cases, a third site leader conducted 15 separate focus groups of key informants and stakeholders including agency staff, providers, foster parents, legal partners and others.

### **II. The Quality Service Review**

Over the past decade there has been a significant shift away from exclusive reliance on quantitative, process-oriented audits and toward increasing inclusion of qualitative approaches to evaluation and performance management. A focus on quality assurance and continuous quality improvement is now common, not only in business and industry, but also in health care and human services.

The reason for the rapid ascent and dominance of the "quality movement" is simple: it not only can identify problems, it can help solve them. For example, a qualitative review may not only identify a deficiency in service plans, but may also point to why the deficiency exists and what can be done to improve the plans. By focusing on the critical outcomes and the system performance essential to achieve those outcomes, attention begins to shift to questions that provide richer, more useful information. This is especially helpful when developing priorities for practice improvement efforts.

The QSR was developed by Human Systems and Outcomes, Inc., in collaboration with staff of the Alabama child welfare system. Wisconsin has developed its own version of the QSR, adapting it from protocols used in other systems in the country. The Wisconsin version reflects the unique features of the state's system. The QSR is meant to be used in concert with other sources of information, such as record reviews and interviews with staff, community stakeholders and providers.

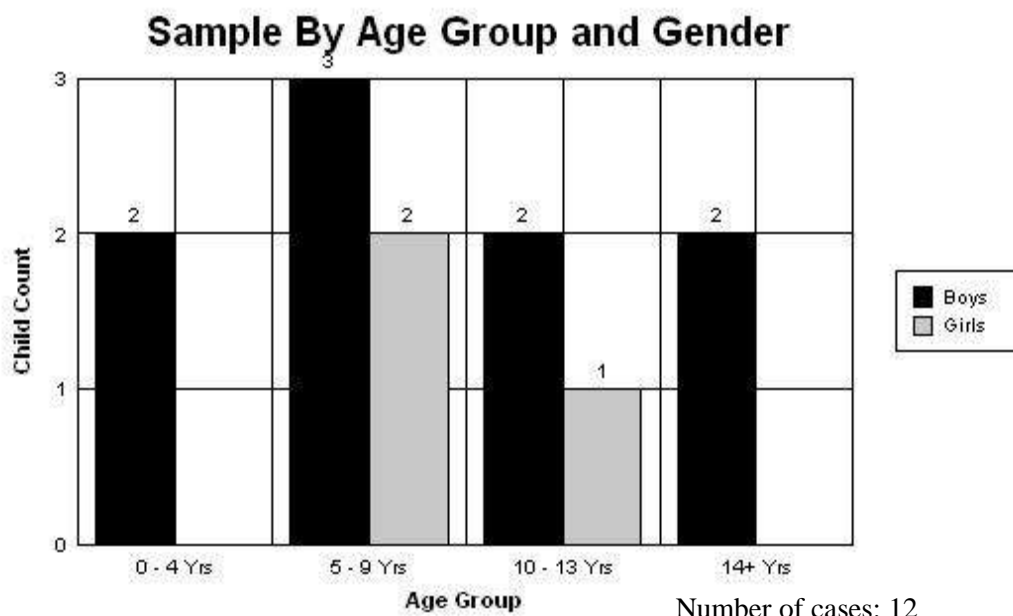
The protocol is not a traditional measurement designed with specific psychometric properties. The Wisconsin QSR protocol guides a series of structured interviews with key sources such as children, parents, teachers, foster parents, mental health providers, caseworkers and others to support professional appraisals in two broad domains: Child and Parent/Caregiver Status and Practice Performance. The appraisal of the professional reviewer examining each case is translated to a judgment of acceptability for each category of functioning and system performance reviewed using a six-point scale ranging from “Poor or Adverse Status/Performance” to “Optimal Status/Performance.” The judgment is quantified and combined with all other case scores to produce overall system scores.

The fundamental assumption of the QSR approach is that each case is a unique and valid test of the system. The strength of the QSR approach is that it helps reveal where and how system improvement efforts can be directed. Over time, results have shown that practice and outcomes can be significantly improved when these areas are addressed strategically. This report offers guidance on the means to strengthen outcomes and performance, leading to the reflection of that improvement in future QSR scores.

### III. Methodology

The Ongoing review sample consisted of 12 cases, including three in-home cases and nine out-of-home cases. The case universe was stratified to distribute cases proportionately by age and gender. Cases were selected randomly from these strata. Ninety-five interviews were conducted with respondents in the 12 cases reviewed. A basic profile of the population sampled is found in the following tables. Additional demographic and other information about the cases sampled may be found in Appendix I.

#### QSR/Child Status and Performance Profile - Current Placement Frequency



<b>Type of Current Placement</b>	<b>Number</b>	<b>Percent</b>
Birth Home	5	42%
Foster Family Home	4	33%
Licensed Relative Foster Home	1	8%
Relative/Kinship Home	2	17%
	<b>12</b>	<b>100%</b>

<b>Age Group</b>	<b>Number</b>	<b>Percent</b>
0-4 Yrs	2	17%
5-9 Yrs	5	42%
10-13 Yrs	3	25%
14 + Yrs	2	17%
	<b>12</b>	<b>100%</b>

#### **QSR/Child Status and Performance Profile - Gender Frequency**

<b>Gender</b>	<b>Number</b>	<b>Percent</b>
Female	3	25%
Male	9	75%
	<b>12</b>	<b>100%</b>

## **IV. Stakeholder Interviews**

The stakeholder interviews are a valuable source of information about issues that the individual case reviews do not reach. The impressions and opinions expressed can point to larger issues in practice, organizational functioning and the child welfare environment that may be crucial to understanding and strengthening the Walworth County child welfare system. Because of the nature of the interview process, some stakeholder input, while accurate from an individual perspective, may or may not reflect the opinions of many or be verifiable through data or other sources. Regardless, strongly held opinions are important to consider and therefore are reflected in the following summary.

The review team conducted stakeholder interviews with 15 different groups totaling 88 individuals. Included in the interviews were representatives of the following organizations and units:

<b>Focus Group Participants</b>	<b>Number</b>
Access/Initial Assessment Workers	7
Corporation Counsel	3
HHSD Director, Deputy and Managers	6
CPS Supervisors	2
Foster Parents	13
Foster Youth	8
Legal Partners	4

<b>Focus Group Participants (cont'd)</b>	<b>Number</b>
Judges	2
Law Enforcement	4
Ongoing Workers	9
School Personnel	18
Service Providers	11
State Permanency Consultant	1

The interviews provided a broad assessment of how these different groups view Walworth County HHSD, their own organization and its role in relationship to the county, the successes of county's operations, and its weaknesses. There were some common themes and in some cases, widely disparate views about the same topics. The summary of findings is organized among four themes: Organizational Issues; Resource Issues; Practice Issues and Legal Issues. The following summarized comments reflect the input of the aforementioned stakeholders.

### **Organizational Strengths**

- Walworth County HHSD has a strong leadership team and managers.
- There is great communication and support between the children and families, mental health and AODA units.
- HHSD staff are increasingly using evidence-based services and interventions.
- The case managers in the children and families unit are trained in and encouraged to work in a family centered practice framework.
- The agency has strong commitment to worker training.
- The HHSD leadership team values a quality improvement process.
- The children and families unit has a preponderance of seasoned and experienced workers due to low turnover.

### **Organizational Challenges**

- Stakeholders from a wide range of focus groups identified the Initial Assessment unit was in need of a fourth worker.
- There is inconsistency in the quality and completeness of Child Abuse and Neglect (CAN) reports at the point of Access.
- HHSD has decreased ability and capacity to assist families in meeting their basic needs.
- There are significant differences of opinion between certain community partners and HHSD regarding the agency's screening decisions.
- Various practice partners in the community stated they were unaware of the services HHSD has to offer, particularly the newer services.

### **Resource Strengths**

- The mental health and AODA units within HHSD are regarded as a valuable resource to the children and families unit.
- Functional family therapy is one of the agency's newer evidence-based programs and 75% of the families they served completed the program.
- Lakeland is regarded as a state-of-the-art school for special needs children with a capacity of 210.

- HHSD and a few providers are in the process of developing a trauma informed system of care.
- Walworth County and the Bureau of Milwaukee Child Welfare (BMCW) are part of a pilot called Family Find which has shown promise as an effective means to locate relatives of children in the child welfare system.
- The family interaction program has been used to promote visitation between family members, including siblings.
- Foster parents were described as “tremendous; they care and are competent.”

### **Resource Challenges**

- Walworth County child welfare staff have a difficult time connecting their children to local dental resources.
- Walworth County child welfare staff also have a difficult time accessing child psychiatrists in a timely way.
- HHSD staff have a hard time assisting clients with transportation needs.
- There are no local resources to serve sexual offenders, particularly those 17 and younger.
- There are no local resources for domestic (DV) violence offenders.
- There is a lack of services for Spanish-speaking parents.
- There is a lack of affordable quality housing.

### **Practice Strengths**

- Case managers can team or work in pairs on difficult or challenging cases.
- Case managers value the communication and support they receive from one another.
- Case managers carry a mixed caseload of CHIPS, JIPS and delinquency cases to promote the objective that all families are served from a family centered model.
- The functional family therapy model has been a very successful intervention.
- Case managers and supervisors have routine case consultation with corporation counsel.
- The agency and practice partners are using concurrent planning to promote permanency for children in out-of-home care.
- The agency has hired a permanency counselor to promote uncontested TPRs.

### **Practice Challenges**

- Older children in foster care want a greater role and voice in decisions which affect them.
- There is inconsistent use of family teams, which based on the case scores, elevated the scores of certain other core practice functions (i.e., long term view and permanency planning).
- Agency case managers and supervisors shared their difficulty in meeting the requirements in relation to multiple plans.
- There are high caseload sizes in ongoing case management with the range being 15 to 24 and the average at 19 cases per worker.
- There is inconsistency in the quality and completeness of CAN reports in access.

## **Legal Strengths**

- Court reports are informative and case managers are viewed as knowledgeable and competent.
- Agency personnel believe they have a collaborative relationship with corporation counsel and district attorney offices.
- There is wide support among the stakeholders for the plan to build a child advocacy center.
- Many legal practice partners cited the corporation counsel's performance in CHIPS and TPR cases.
- All partners felt there was good communication between the "players in the legal system."

## **Legal Challenges**

- The conditions for return all look and sound the same and reflects a "cookie cutter" approach.
- Guardian ad litem performance is inconsistent and only two actually see children in their foster homes.
- Only 25% of parents have legal representation in CHIPS cases.
- The district attorney's office frequently overrides the agency's ways of dealing with delinquents.

## **V. Performance Analysis**

### **Access and Initial Assessment**

The access and initial assessment (IA) protocols differ somewhat from the ongoing QSR protocol. The access and IA review maintains its quality focus by applying best practice values and principles while at the same time incorporating the standards on which this work is based.

The purpose of the access and IA reviews is to analyze the critical decision points in a case at the point of and following the receipt of an allegation of maltreatment.

The access and IA reviews analyze the following information:

#### **Access**

- Information gathering regarding the allegations of maltreatment
- Understanding based on initial information gathered
- Analysis of information leading to screening and response time decisions

#### **Initial Assessment**

- Level of engagement and responsiveness
- Understanding of family: child's needs, parent/caregiver's protective capacities and threats to child safety
- Analysis of information leading to key decisions: child safety, custody, substantiation and case opening



## **Access and Initial Assessment Review Sample**

### **Access (19)**

- Paper review of screened out Access reports (11)
- Monitored access calls (1)
- Reviewed access reports associated with the Initial Assessments (7)

### **Initial Assessment (6)**

- Reviewed recently completed Initial Assessments

## **Access Practice Performance**

### **Strengths**

- Screening decision and assignment to IA was made within 24 hours
- Where applicable, reports contained information on child's educational functioning
- Reports included documentation of CCAP and WiSACWIS history
- Basic information on the child and family was included in the report
- Collateral contacts were identified in the report
- Agency staff was engaging and patient during the observed call and utilized open-ended and follow-up questions to gather needed information

### **Challenges**

- Faxed reports and impact on identification of possible impending danger threats and workload
- Reports were found to be generally "incident focused"
- Reports did not contain indication that inquiries were made with respect to protective capacities and adult/family functioning
- Assessing for possible impending danger threats when reports did not contain adequate information about protective capacities and child and parent functioning
- Several reports included the identity of the reporter
- In two of the 19 reports there was documentation that inquiries were made into a child's possible American Indian heritage

**Diligence of Inquiry:** The purpose of diligence of inquiry is to obtain the information necessary to make sound decisions regarding threats to child safety and allegations of maltreatment, so that these decisions are based on the evidence assembled during the Access phase of the case.

In the area of diligence of inquiry, 47 percent of cases scored in the 4-6 range. Several of the cases provided thorough information related to the alleged maltreatment and surrounding circumstances. These reports contained sufficient information to understand the reporter's concerns. In addition, inquiry into the child's location and current access by the alleged maltreater was explored. In one such case where thorough information on the alleged abuse was gathered, reviewers noted, "There is sufficient information regarding the circumstances and possible injury, present location of the child and the alleged maltreater's access to the child." In

another the reviewers wrote, “There is clear documentation of the reporter’s concern including a detailed description of the alleged injury.”

An identified challenge in diligence of inquiry is that reports do not include adequate information on, or indication of inquiries into, child and adult/family functioning, parenting practices and protective capacities. This information, or inquiries, is necessary to assess for possible impending danger threats and provide supporting documentation for the screening decision. In one case, reviewers wrote, “There is insufficient information around the child’s functioning. In one section of the report, it is mentioned there are possible issues with depression for this child; however, this was not explored...” In another case, it was noted, “The report indicates the mother is not able to take care of the child but provides no details about this.”

Related to this is the number of faxed reports received from law enforcement. In Walworth County it is standard practice that whenever a child is present during a law enforcement intervention, the law enforcement agency faxes a copy of their report to the agency. The police report essentially becomes an Access report and this practice is viewed as a challenge because without follow-up contacts with the reporter, it can be difficult to make an informed screening decision without having made inquiries into child and adult/family functioning and parental protective capacities. The reviewers in one case wrote, “It is unclear if there was any follow up at Access [to the faxed report] with the reporter, and if there was follow up, if additional information was known or unknown to the reporter.” In another case, the reviewers noted, “There was no follow-up contact with the person making the report. Follow-up conversations may have provided more information related to family functioning...and clarification of the reason for police involvement.”

**Depth of Understanding:** Access interviews with the reporter involve eliciting information about allegations of maltreatment and information about the child and family. Factors explored and considered include present and impending danger threats, challenges to caregiver functioning (e.g., mental illness, cognitive limitations, addiction, domestic violence, incarceration), and protective capacities present within the child's caregiving situation.

In this area, 42 percent of the Access reports reviewed scored in the 4-6 range. A complete understanding of the family situation, including possible threats to child safety, is dependent upon the amount of information available (diligence of inquiry). One case demonstrates the relationship between these two indicators. The reviewers wrote, “The worker obtained sufficient information from the reporter to gain insight into how this family functions and what the parental response will be to the mutual sexual activity [of their child].”

Limited information influences the understanding of the family situation and limits the assessment of child safety. This may be especially challenging with faxed reports where information is limited and there is no follow up with the reporter to clarify information or make additional inquiries. Reviewers on one case identified areas of information-gathering that were lacking, which in turn limited the depth of understanding. Reviewers wrote, “It appears the worker relied solely on the faxed report to develop an understanding of this situation. There is no indication of attempts to contact the reporter to gather the information identified in Diligence

of Inquiry, thus efforts to fully understand and analyze the current situation in relation to the family's current functioning are compromised .”

**Avoidance of Undue Influences:** Factors such as race, ethnicity, socioeconomic status, sexual orientation, geography, availability of resources, prior history with child protective services, or the worker's skill, ability, and experiences may have an effect upon decision making as key determinations may be made based on these factors, rather than on information gathered up to this point in the case.

In making decisions at the point of Access, it is important that workers and supervisors are cognizant of those factors that might unduly influence the decision-making process. The data relative to this indicator includes two Access reports which were screened in for Initial Assessment. In the Walworth County review, both of the Access reports reviewed scored in the 4-6 range, indicating that staff involved in making decisions were both aware of extraneous variables and did not allow them to influence decisions.

**Critical Discernment:** Critical discernment is reflected in the degree to which the worker and supervisor (either individually or in the context of a team) have used a well reasoned and deliberate process in gathering, understanding, and applying available information in the strategic decisions (i.e., safety determinations and screening).

In the area of critical discernment, 53 percent of the 19 cases reviewed scored in the 4-6 range for the screening decision and 71 percent of the 7 cases that were screened in for Initial Assessment scored in the 4-6 range for response time decisions (screened out cases are not scored for response time). In one case that scored in the 4-6 range for both the screening decision and response time, reviewers were able to gain an understanding of the information that was considered and why the decisions were made. “[The supervisor] recognized that information in the Access report constituted alleged maltreatment and knowledge of the children and family resulted in a well-founded screening decision. The process for making the decision was thoughtful and deliberate. Since information at Access appeared to indicate that the allegation/incident would have occurred in the past at some point when the child’s parent was responsible for the child’s protection, and now a current out-of-home safety plan exists, the response time accurately reflects information gathered and the maltreater’s access to the child (within five business days). The response time decision accurately reflects the assessment of no possible impending danger threats.”

One case demonstrated how information gathering, analysis, understanding, and assessing for present and possible impending danger were integral in making screening decisions and determining response times. The report indicated some behavioral concerns for the child and inadequate information regarding the parents’ functioning and protective capacities and reviewers wrote, “There is information to support a more urgent response time since there is an injury to the head or face of a five year-old child. A reported injury to the head or face of a young child would constitute either a present or possible impending danger, especially considering the alleged maltreater has immediate access to the child. However, no threats were identified.”

**Confidence in Decisions Made:** The degree to which workers and supervisors are certain that they have acted adequately, based on policy and procedural expectations with sufficient diligence of actions, helps to determine the score. When appropriate conclusions are drawn and well-reasoned decisions are made, workers and supervisors are confident in the validity of the screening decision.

For this indicator, the confidence level of workers and supervisors is only rated when reviewers have had an opportunity to interview the worker and supervisor about decisions made. In the Walworth County review, the workers were not interviewed during the Access review; the supervisor was interviewed for two Access reports. The worker's confidence was scored in one case because it was open in Initial Assessment and the IA worker made the report. In the area of confidence in decisions made, both cases scored in the acceptable range, indicating that the supervisor and worker were confident that decisions made were correct, based on the information known at the time.

The reviewers' level of confidence in the decisions made at Access scored in the 4-6 range in 53 percent of the 19 cases reviewed. Reviewers had a high level of confidence when the documentation of information supported the decisions made. Reviewers noted that in a case already open in Initial Assessment that, "The worker had previous knowledge of the family and therefore felt very confident with the screen-in decision. The supervisor also agreed with the screening decision based on her knowledge of the family, the previous report and present danger."

Reviewer confidence in the screening decision was lower when unaddressed concerns for possible danger threats were evident. In one case reviewers wrote, "More information gathering would have allowed for a better understanding of the information and a more accurate determination of child safety to the extent possible at Access."

Faxed reports without follow-up contact with the reporter also impacted reviewers' confidence in that the faxed reports did not contain the level of information needed to make an informed screening decision. Reviewers wrote that the lack of information left "many questions unanswered in the report, which appears to be based solely on the faxed report the agency received. Contact to clarify questions would have provided a basis for decision making and may have resulted in this service report becoming a CPS report based on potential safety concerns with an unsupervised child."

## **Initial Assessment Practice Performance**

### **Strengths**

- In five of the six cases the initial face-to-face contact met standards
- The agency utilizes a family centered, engaging approach that includes others whom the family deems important
- During the information-gathering phase of the assessment, the agency utilizes identified collateral contacts

- The agency utilizes information from prior CPS involvement during the analysis phase of the assessment
- Inquiries into American Indian heritage and WiSACWIS form CFS-2322, “Screening for Child’s Status as Indian” were completed in five of the six cases

### **Challenges**

- Non-custodial parents are not contacted as a source of information for the assessment
- Workers appear to have more information about the family related to functioning and capacities than is reflected in the assessment
- CPS and law enforcement appear to have a different understanding of what constitutes child safety

**Engagement and Responsiveness:** Engagement evaluates whether the Initial Assessment worker is building a partnership relationship with the family using outreach and rapport building strategies, including special accommodations with any difficult-to-reach family members, in order to increase child and family engagement and participation in the Initial Assessment process. Responsiveness refers to whether the Initial Assessment worker followed agency policies and state standards regarding the timeliness, number, frequency, and types of contacts.

Of the six Initial Assessments reviewed in Walworth County, all of them scored in the 4-6 range for level of engagement and five of them scored in the 4-6 range for level of responsiveness. In one of these, reviewers wrote, “The worker had prior involvement with the family and had built a trusting relationship with the mother and father. The father called the worker to share with her the present concerns, which shows a trusting relationship as well. The worker interviewed the children at their father’s house which helped them feel more comfortable talking to her. The worker responded the same day by going to the hospital and seeing the mother as required due to the identified present danger threats.”

Reviewers in another assessment noted that the worker realized the five-day response time may not be adequate given the possible injury and went to the school immediately to meet with the alleged victim. The worker then interviewed the alleged victim’s siblings, the non-maltreating adult in the home and then the alleged maltreater.

**Diligence of Inquiry:** The purpose of diligence of inquiry is to obtain the information necessary to make sound decisions regarding threats to child safety and allegations of maltreatment, so that these decisions are based on the evidence assembled during Initial Assessment.

In the area of diligence of inquiry, 83 percent of cases reviewed scored in the 4-6 range. In one assessment, interviews with family members were supplemented with collateral contacts in order to gather the most accurate information to aid in decision making. Reviewers wrote, “The worker obtained detailed information from multiple sources. The worker has had contact with this family since April of this year. This allowed her to get a clear picture of all individuals in the family. She received information about the mother from collateral contacts such as police, mental health, the mother’s mother, and the children which were contrary to what the mother was sharing. The mother has AODA issues, mental health issues, and there was differing information regarding discipline techniques. The worker gathered information regarding the

mother's childhood which includes sexual abuse history." In addition, reviewers indicated that the worker "gathered information regarding the father by contacting the police and the guardian ad litem for another child."

Another assessment, however, demonstrated the need for concerted efforts to gather information beyond the circumstances of the alleged maltreatment, and how a lack of information can hinder the assessment of safety threats to the children. "There is not much information regarding the maternal grandmother's functioning, abilities to monitor and ensure the safety of the child, and intervene if necessary. Since the worker identified the maternal grandmother as the main support for this family, it would be beneficial to have obtained more information regarding her functioning."

**Depth of Understanding and Safety Intervention:** Depth of understanding is the degree to which the child and family's strengths, protective capacities, threats to safety, and needs are understood. Safety assessment is the examination and consideration of the child's immediate safety based on whether there are present or impending danger threats that could harm a vulnerable child in the absence of adequate protection available in the home caregiving situation. Safety Planning assesses whether the identified safety threats are controlled by the implemented safety plan.

For this indicator, reviewers are asked to evaluate the depth of understanding in three areas: the overall family situation, safety assessment, and safety planning. All of the cases in all of the areas scored in the 4-6 range. In three of the six cases, safety threats were identified and required safety planning. One particular assessment demonstrated how having an overall understanding of the family situation and an understanding of how parent protective capacities influence the assessment for impending danger. Reviewers wrote, "The worker had a good understanding from her observations of the home and the child as to the impact, or absence of impact, on the child of the parents' probable excessive drinking. During the interview it was shared that the house was clean and safe with sufficient food and furnishings, including baby gates that were being used. The worker assessed any possible impacts of the mother's drinking and incorporated these assessments in the adult and child functioning sections to appropriately make determinations. The worker also obtained CPS history assessing a pattern in the mother's drinking irresponsibly and leaving her older child at risk. The worker also understood there was a possible impending danger threat to the child from reviewing the child protective services history."

**Avoidance of Undue Influences:** Factors, such as race, ethnicity, socioeconomic status, sexual orientation, geography, availability of resources, prior history with child protective services, or the worker's skill, ability, and experiences may have an effect upon decision making as key determinations may be made based on these factors, rather than on information gained up to this point in the case.

Avoidance of undue influences scored in the 4-6 range for workers and supervisors in all of the initial assessments. In one assessment, it was evident that staff were aware of potential undue influences and did not allow them to influence decisions and reviewers wrote, "The worker and supervisor recognized that this family had a child protective services history; however, they were

able to verbalize that the additional information gathered during the assessment process determined the outcomes of the assessment, not the historical information. Historical information was used in understanding the patterns of the father and family. For example, the worker contacted the former probation officer to obtain information on how the father handled the sentencing requirements related to his earlier child neglect convictions to determine if the father would comply with restrictions without a court order regarding visitations.”

**Critical Discernment:** Critical discernment is reflected in the degree to which the worker and supervisor (either individually or in the context of a team) have used a well-reasoned and deliberate process in gathering, understanding, and applying available information in the strategic decisions (e.g., screening of reports and determinations of present and impending danger threats).

Again, all of the assessments scored in the 4-6 range. One assessment exemplified a deliberate process of gathering and assessing information in order to make key case decisions. “The worker based her findings on the information she obtained from several sources that the children were not being supervised properly...the worker completed a safety assessment, indicating the children were developmentally on track with no special needs; however, due to their young ages they needed continuous supervision which their mother, in her condition, could not provide, making them unsafe [while in her care]. The initial assessment worker had been working with this family gaining information regarding the mother’s diminished capacities and lack of follow-through with treatment.” In this assessment neglect was substantiated and “the only solution to assure safety in this situation was to place the children in out-of-home care.

**Confidence in Decisions Made:** The degree to which workers and supervisors are certain that they have acted adequately, based on policy and procedural expectations with sufficient diligence of actions, helps to determine the score. When appropriate conclusions are drawn and well-reasoned decisions are made, workers and supervisors are confident in the validity of the screening decision.

All of the initial assessments scored in the 4-6 range, indicating that the worker, supervisor, and reviewers were confident that decisions made were correct based on the information known at the time. Reviewers wrote, “The worker and supervisor are confident that the key decisions made throughout the assessment process were the most appropriate courses of action given the information learned. The children were assessed to be safe in their mother’s home. However, there was the need for additional supportive services for the mother, such as parenting, per her request, and the need to establish clear boundaries for the father related to visitation with the children. The agency filed/requested a child in need of protection or services on behalf of the children. The reviewers have confidence that the children are safe and their wellbeing is maintained with the county’s oversight and implementation of a safety plan.”

**Decision Documentation:** Reviewers evaluate the adequacy and completeness of documentation in the assessment under review. The facts gathered, reasoning process used, and determinations made are documented in a clear and useful format that is consistent with applicable standards of good practice.

Documentation of the information gathered and decisions made during the Initial Assessment process is rated separately in the protocol in recognition that workers and supervisors often know more information than is reflected in the actual Initial Assessment document. Documentation of case contacts and assessment findings scored 83 percent in the 4-6 range in Walworth County. When documentation was sufficient, “The assessment was clearly written and included the thought processes for decisions. The assessment included detailed information supporting the reasoning for decisions. The decision not to substantiate was supported by facts that include detailed information on the reported injury and the teen’s behavior. The assessment also indicates the worker made referrals to mental health for more appropriate services to meet the needs of the family.” In addition, reviewers indicated the assessment contains sufficient information on both of the children’s functioning and the parent’s functioning to support the worker’s conclusion regarding the absence of present or impending danger threats.

However, in another case it was noted that “During the interviews, it was apparent that the worker and supervisor have a great deal of knowledge of the family functioning, strengths and needs. However, this additional information and understanding was not clearly documented in the assessment.” Reviewers noted in the one assessment that scored in the 1-3 range for documentation that, “The assessment did not reflect the analysis of the information and decision-making process. However, that information was obtained via interviews with the worker and supervisor.”

### **Ongoing Practice Performance**

A review of the stakeholder interviews, status and performance scores and the 12 case stories that were completed yields a rich description of practice within Walworth County HHSD and of the relationships among the partners in the system. This section will focus primarily on the findings of the cases reviewed. The sample for this report involves only twelve cases and because the rating reflects primarily current status and performance, readers should be conservative in generalizing scores from this review to the entire Walworth County child welfare case population. Readers should also note the number of cases applicable to each indicator, signified by the letter “n.” There are some indicators where only a small number of cases were applicable and reviewed. In these areas, generalization of findings to the entire child population cannot be seen as representative.

The following section examines Walworth County’s QSR trends in key areas of status and system performance. For reference and clarity, the analysis will address the percent of cases that scored in the 4-6 range, Minimally Acceptable to Optimal.

The QSR uses eight indicators to assess a child’s status and five indicators to assess parents and/or caregivers. The results for the 13 indicators are presented in aggregate and graphic format and measure the child and parent/caregiver status in the 180 days prior to the review (the period under review) is located in Appendix I.



## **Child and Family Status**

Twelve cases were reviewed with the Ongoing QSR protocol. Focus children included three females and nine males ranging in age from one year to 16 years. Five of the children are currently residing in their birth home, three children are living with relatives, and four children are in family foster homes. Two of the children returned home during the period under review.

### **Child Exposure to Imminent Threats**

This indicator is assessing if the child is free from abuse and neglect in every setting, e.g., birth home, substitute home, school or other settings. Other settings include home of a non-custodial parent with home visit privileges, summer camp, after-school setting, daycare and anywhere the child regularly spends time. All of the cases reviewed for this indicator scored in the 4-6 range in every area, i.e., all the children were determined to be free from imminent threats of harm. The birth homes in two of the six cases that were reviewed were viewed as optimal. A reviewer wrote of a case rating in the acceptable range, "The focus child is free from imminent threats of harm in the home of his father. Despite the extensive history of child protective service referrals and accusations made by the mother against the father, there has never been any evidence that the focus child is unsafe in his father's home. He is also free from imminent threats of harm in his school setting where he is well liked by his teachers and gets along well with other children."

In another case where the focus child is living in an out-of-home setting the reviewer wrote, "The focus child is safe in this home; there are appropriate expectations, structure, and routine, plus the stepfather provides good male role modeling."

### **Stability**

Stability examines the child's current placement at the time of the review, in the birth home or an out-of-home setting. This indicator assesses stability over the last twelve months and the likelihood of stability continuing to be status quo, improving or deteriorating over the next six months. Seventy-five percent of the children were currently stable in their home settings and all of children were in stable school settings. A reviewer wrote of case that scored in the acceptable range for stability in the home, "The focus child lives in a foster home with her mother's previous boyfriend who is the father of her two younger half siblings where she was placed in the spring of last year. There is a great deal of stability for her in the home and she is able to maintain relationships with her two siblings who also reside in the home." Prior to this placement, the focus child had experienced multiple placements in the last four years due to her mother's AODA concerns and incarceration. Those interviewed believe the focus child will remain with this caregiver until reunification with her mother occurs.

Often when a child experiences removal and placement, it requires a change in his or her school as well. In a case that scored in the acceptable range for school stability, the reviewer wrote that although the focus child moved from his mother's home to his father's home, "he has remained in the same school" and it appears he may remain there because his "father is willing to care for him until he is an adult." In another case the reviewer wrote, "The focus child remained in the same school throughout the foster care placement and during his transition home...the plan is to continue with enrollment in this school."

In a case where stability of placement for the focus child is less than adequate during the past year, the reviewer wrote that prior to his very recent placement with his stepfather and two half brothers, the focus child spent three months in foster care and then lived with his maternal aunt for approximately three months, until she received her fourth operating while intoxicated citation.

## **Permanency**

Permanency applies to all children in an out-of-home placement as well as children residing in their birth home. The permanency indicator is critical for all children. It is assessing how effective the efforts are in achieving and sustaining a permanent placement for the child following safe case closure. Sixty-seven percent of the cases scored in the 4-6 range indicating that these children were currently making sufficient progress toward permanency. In one case where the focus child had been in placement for approximately two years but returned home five months ago and all indications are that the child is where she needs to be. The reviewer wrote, "Despite a history of trauma, the focus child has demonstrated age-appropriate social and emotional development. Her overall adjustment to reunification and her current circumstances has been good and steady for several months."

In another case where the permanency goal is long-term foster care, the reviewer wrote, "The two times the focus child was placed in foster care he was placed with the same family. This time he has been in placement eight months and the foster parents are committed to his remaining with them 'as long as it takes' for him to finish school and establish himself independently from their family. He indicates that he does better in his foster home than in his own home and does not understand why he was returned home in the past."

A number of cases reflected the need for additional work toward permanency as several children had been in placement for 12 months or longer. A reviewer wrote, "The focus child has been in his current placement for 14 months and needs to know if he is going home with his mother and/or father, or staying permanently with his foster family. At a young age, the focus child appears to be sensing uncertainty for his future. Many months ago, it was reported that the focus child would talk about something and say, 'when I go home...' and now when discussing his future, will make statements such as, 'if I am still here next summer...' In this boy's eyes, he already does not see where he belongs long term. Although the foster home is a possible adoptive resource, the primary permanency goal remains reunification, and currently, there seems to be little to no progress toward reunification or the concurrent plan of adoption."

## **Emotional Development and Behavioral Functioning**

All 11 cases rated for these indicators scored in the 4-6 range and the majority of the children in these cases are demonstrating a good, steady level of emotional development and behavioral functioning. Only one child was identified as being on a psychotropic medication. One child under the age of three was not scored for this indicator. These scores are notable because all of the children in the sample were identified as experiencing trauma. One child had been sexually abused by the boyfriend of her grandmother; another child experienced a very contentious relationship between his parents where one continually made accusations against the other and

implicated the focus child in the deceptions; and another child's parent had a long history of significant mental health issues. In just a few of the cases were children identified as being substance exposed and having a behavior disorder; and only one child was identified as having a mental health diagnosis.

The following is an example of appropriate emotional development and behavioral functioning for a child. A reviewer wrote, "[The focus child] is relaxed and happy in his father's home. People who knew the focus child when he lived with his mother commented on how he has 'blossomed' since moving in with his dad. Behaviorally, he has no disruptive behaviors, he uses good judgment regarding age-appropriate activities, and he follows the rules at home and school...and he presents no behavioral risk to himself or others."

In the case where the child was sexually abused, and she reported it when she learned her younger sister was also being abused, the reviewer wrote, "Given her past abuse, the focus child is doing very well emotionally and behaviorally and is not viewed as a risk to herself or others. The focus child has consistently worked with a therapist to address the sexual abuse she suffered, as well as the transient lifestyle she experienced in her early life. The focus child's placement with her two siblings has also allowed her the opportunity to address the "parentified" behaviors she displays in these relationships. She has made progress in understanding her role as a sibling/child rather than a protector/parent."

## **Learning and Development**

Learning and development scored 83 percent in the 4-6 range. Nine of the 12 children in the sample are in regular K-12 educational settings. One of the nine children is also receiving part-time special education services. One of the 12 children is receiving Birth to Three and early Head Start services; one youth was expelled from regular K-12 and is attending an alternative school. Seven children were reading at their assigned grade level. Reading levels of three children were unknown. In two cases, the children were not of school age and therefore reading level was identified as not applicable.

It appears that children of all ages in the sample received appropriate interventions to assess and address any learning and development needs. A reviewer for a case that scored in the acceptable range wrote, "The focus child's learning and development is exceptional. His second grade teacher indicated that the focus child is proficient or advanced in all of his subject areas. His reading and comprehending are above grade level and he is advanced in art and music. He also demonstrates leadership."

A second case that scored in the acceptable range for learning and development, "The focus child is diagnosed with attention deficit hyperactivity disorder (ADHD) and is taking one medication. All interviewed noted a significant improvement in the child's behavior after beginning the medication for ADHD. The mother addressed that when the focus child does act out, she is able to use techniques to manage his behavior including asking him to go to his room while she take time to de-escalate. This has positively impacted his overall behavior as well as his ability to recover more quickly from anger, resulting in improved interactions with peers as well."

## Parent/Caregiver Capacities and Progress Toward Independence

Along with children's safety and permanency, this group of indicators is among the most important relative to the implications of child welfare practice. Adequate parent caregiving capacity is essential to achieving safety and permanence for children and a major system challenge because of the combination of past trauma, financial deprivation, social isolation and substance abuse present in many child welfare families.

The following table reflects the group of indicators that are relevant to parent/caregiver capacity and independence from the system. As the table indicates, the parents in this sample are experiencing difficulties in their roles and capacities as parents and maintaining or sustaining change without adequate supports which would likely lead to independence from the system.

Indicator	Percent Scoring 4-6
Caregiver Capacities: Mother	45%
Caregiver Capacities: Father	40%
Parent Caregiver Challenges: Mother	36%
Parent Caregiver Challenges: Father	60%
Informal Support: Mother	36%
Informal Support: Father	40%
Family (of origin) Progress Toward Independence	40%

In seven of the 12 cases, a parent has a co-occurring condition of mental illness. A parent is struggling with substance abuse/addiction in seven of the 12 cases. In four of the cases, both mental health and substance abuse/addiction are identified as co-occurring conditions with which the family is struggling. Twenty-five percent of the parents are dealing with one or more chronic health impairments.

Past life experiences and current challenges had left parents with little capacity to care for their children, or in some cases, themselves. Trauma, incarceration, mental health concerns, and substance abuse played a major role in impairing parental capacity in many cases reviewed. In addition, many of the mothers in the sample are struggling to meet their own basic needs and the needs of their families as illustrated by the following examples.

A reviewer in one case wrote, "The mother has been homeless and living in a motel or shelter with her abusive boyfriend. This boyfriend was a source of conflict for the focus child as he felt he needed to protect his mother from this man and believed the man was enabling his mother to become reliant on her prescription pain medications as she had in the past. The mother was in a car accident one year ago where she was hit by a drunk driver...and sustained serious injuries. As a consequence, she lost her waitress job and was evicted for nonpayment of rent. Her housing since then has been unstable, including living in the home of her sister, a shelter, and motels. At review time, she stated she was back living with her sister." Although she has applied for disability, her application was denied and "she has no income and no independent housing. It is suspected by family members, including the focus child, that she is abusing her

prescription medications. She has not made appreciable progress in turning her situation around but she voices her desire to have all of her children home with her within about three months.”

Another reviewer wrote, “The focus child’s mother is currently unemployed and relies totally on her boyfriend for financial support...She has an additional challenge related to parenting. Currently, there is a no contact order between the focus child, his sister, and the mother’s boyfriend. The boyfriend refuses to allow her children in his home even if he is not present. It was reported that he told the mother she is welcome to visit the children as often as she wishes, but they are not welcome in his home. In order for her to parent the focus child and his sister, she would have to leave the boyfriend. She indicated that she would be depriving her boyfriend of a relationship with his daughter and making herself homeless because she has no income.”

### **Substitute Caregiver Functioning**

Whether children are living with relatives or licensed foster parents, all nine cases rated for substitute caregiver functioning scored in the 4-6 range. No child in the case sample was living in a congregate care setting during the review period; therefore this indicator was not rated. One reviewer wrote, “The foster parents are safe in their home and community. They have a stable marriage with no history of domestic violence. Although they are parenting a number of teen foster children, the teens’ behaviors do not pose a threat to the foster parents...they are able to connect emotionally with teens and establish nurturing relationships with them that endure into adulthood. They have been exceptional advocates for getting the focus child into a school program.” This family has good support in the community and is involved in various organizations.

Another reviewer wrote, “The foster parent demonstrates good and reliable caregiving capacities in a consistent manner. He has rules for the focus child to follow. Some of the rules require her doing her homework timely, not watching television or using the computer until her homework is completed, and not going out with friends without seeking his approval. The foster parent also employs his girlfriend to communicate with the focus child, especially when it involves some of the physical changes the focus child is experiencing as she transitions into puberty.”

In a case where the children are placed with relatives, the reviewer wrote, “The grandmother and her significant other demonstrate solid caregiving capacities. They are well informed about the children’s individual needs and are proactive in meeting them. They have a safe and structured home in which the focus child and his siblings have thrived. The caregivers have taken a sibling group that was under-socialized and taught them basic social skills, self-care skills and other functional behaviors. Besides practical skills they have nurtured the children and communicated that they (the children) have inherent value. They have shown an ability to understand and meet all the children’s unique needs.”

### **Informal Support**

The scores of 36 percent for mothers and 40 percent for fathers reflects the fact that many parents reviewed had few informal supports, which can seriously undermine a family’s ability to achieve and sustain changes in their parental capacity. Their isolation left many parents without

personal (as opposed to professional) allies in addressing their daily challenges. In one case, the mother continues to participate in in-home services to address her mental health issues and has met with the foster parents to learn various discipline techniques that work for the focus child. The reviewer in this case wrote, “The mother has almost no informal support system, relying primarily on formal system providers.” In another case the reviewer wrote, “A lack of informal supports is problematic for the mother. She indicated that her eldest son and the former foster family are the only informal supports she has. This foster family has offered respite and daycare for the focus child to help [the mother] when she gets overwhelmed.” Like the previous case, the only other supports identified are the formal ones.

## **Trauma**

There is no indicator in the protocol to rate the existence of prior trauma; however the review process collects information about cases reviewed relative to trauma in the demographic section. The effects of trauma are so harmful and pervasive to parents and children, this report will address it specifically in this section. All of the children and parents in the review had been exposed to trauma in their past, which presents a daunting challenge for parents, their children and the system. The following case examples illustrate the impact and affects that trauma presents for individuals.

“The focus child’s mother is described as a ‘devoted mother’ who is ‘clearly interested in and loves her children.’” The reviewer went on to write that the mother consistently visits with her children and has a deep desire to parent them; however, her significant trauma history is negatively impacting her abilities and capacities as a parent. The reviewer wrote, “She was sexually abused for many years by her brother, was abandoned by her mother and then placed with an uncle who physically abused her.” She has also experienced domestic violence in her relationships with her ex-husband and her boyfriend.”

In another case the reviewer wrote that the mother was reported to have a persistent pattern of unemployment, homelessness, and incidents of domestic violence. In addition, her interaction with the children has not been consistent and she appears to have a weak bond with them. Since their removal, the mother has made little or no progress in terms of creating a safe and stable lifestyle. The mother’s significant trauma history includes “sexual abuse as a young child (ages 4-8), domestic violence in her family of origin, and her father’s long-term alcoholism. She was diagnosed with depression which is currently untreated. There were reports that she takes pain medication and alcohol.”

## **System Performance Indicators**

### **Outreach and Engagement**

Outreach and engagement is viewed as a critical piece in successfully working with families. Engagement is building a trusting, collaborative relationship with families in order to promote behavioral changes in a nonthreatening manner. Eighty percent of the 10 cases rated for engagement of children and youth scored in the 4-6 range. All 10 cases rated for engagement of substitute caregivers scored in the acceptable range. Engagement of mothers scored 42 percent

and of the eight cases rated for engagement of fathers, 33 percent scored in the acceptable range. Nationally and across Wisconsin, engagement of fathers remains a significant challenge. Overall, the scores for engagement in this review sample dropped fairly significantly from the previous review sample.

There were some cases that demonstrated acceptable engagement of the mother, child and caregiver. One reviewer wrote, “The focus child’s mother said that she likes the case manager because ‘she is awesome.’ From her actions, I know that my daughter is well taken care of. I know that she is all about doing it for the kids.” The reviewer went on to write, “The case manager has been consistent in involving the child, the mother and the foster parent in decisions made about them. She has established a pattern of driving the focus child to visit her in prison or arranging for someone to do so every two weeks. She has also kept the mother informed of plans or services for the focus child, such as making arrangements for the intervention of a therapist to work with the focus child. The mother confirmed that the case manager has consistently involved her. The foster parent feels very engaged and confessed that more often than not, due to his busy work schedule, it was he who sometimes does not follow up with the case manager’s outreach to him.”

In another case where engagement with the mother scored in the acceptable range, the reviewer wrote, “The case manager assigned to this case has apparently established a strong relationship with the mother, as has the in-home therapist involved. It was clear during the interview with the mother that she feels supported and cared for by her case manager and therapist. She talked at length about the stress of the CPS investigation and how that resulted in a lack of trust in the process and with the agency. When asked how she could then build trust with case manager, she said the case manager came to the prison to meet with her “and the case manager took the time to explain things to her in detail.”

A stepfather’s experience with the agency in one case was described by the reviewer as, “A solid basis for success in this case is the relationship between the stepfather and the case manager. The case manager has been able to engage the stepfather in planning and carrying out placement of the focus child. The stepfather moved quickly to establish housing and everything needed to meet the focus child’s basic needs. He maintains good contact with the case manager and is made aware of appropriate services.” Similarly, a reviewer wrote about a focus child’s engagement in the process, “...despite his age, the focus child is involved in the case process. For example, he communicated an understanding of why he is in placement and what his parents need to accomplish for reunification. The focus child indicated that he is listened to by the case manager and that his concerns are taken seriously.”

As indicated above, engagement of mothers and fathers is again an area of challenge in Walworth County. The following examples illustrate this:

A reviewer in one case wrote, “Given the father’s limited involvement in the process, he is seen as being on the ‘sidelines’ rather than an active participant in the family’s case. As such, outreach efforts have not been quite as diligent as recent efforts to engage him were impacted by his current whereabouts being unknown. Due to this, alternative strategies may be necessary to involve him in the process.”

The reviewer in another case wrote that while there have been efforts to build a trust-based working relationship with the parents, “they have not been able to engage either parent in the change process in a meaningful way. In terms of the mother, though they have reached out in different ways including making services accessible, i.e., holding interactions in the grandmother’s home, there is frustration that she has not been able to benefit from the process. One identified pattern is that when asked, the mother will recite (correctly) what she is required to do, though it is not clear she fully grasps the task and/or how to accomplish it. The mother confirmed that she is not always clear about how to go about fulfilling a requirement, i.e., where to go to complete a service. It is possible that her untreated depressive symptoms leave her feeling overwhelmed, ineffectual, and powerless to complete even basic tasks. There is also the potential that her intellectual limitations contribute to the inability to completely internalize instructions and follow through. The mother did suggest that concretizing the steps and tasks in a visual way, i.e., a list, would increase her understanding of expectations.”

In another case the reviewer wrote, “While the case manager did an excellent job of engaging with the mother, the focus child’s father is not engaged in the process. The case manager stated she had not made any attempts at contact with the focus child’s father during the period under review. This was after many attempts to locate him and engage him in services at the outset of the case.”

## **Role and Voice**

Role and voice indicates that participants feel they have been heard and that goals and plans are developed collaboratively with the family and team members. Seventy-five percent of the eight cases rated for role and voice of children and youth scored in the 4-6 range; 50 percent of mothers, 38 percent of fathers and all ten of the substitute caregivers scored in the 4-6 range. There is evidence in other QSR patterns over time that a high level of parent involvement in planning and decision making is correlated with successful achievement of other case goals. A few examples of meaningful parental role and voice and minimal role and voice are provided as illustration of the importance of this indicator.

In one case where the focus child had concerns about seeing his mother, he expressed these, and “the agency agreed to provide supervision [of his visits with his mother].” The reviewer added, “The focus child appears to believe that everyone has his best interest at heart.” In another case, the reviewer wrote, “The caregiver feels supported by the agency in that she reports they always respond to her needs in a very timely manner. The caregiver and case manager are teaming up for a meeting at the focus child’s new school to insure a good start to the new school year.”

In a case where the focus child, mother and foster parent believe they are full partners, “they acknowledge that they play significant and important roles in the change process. For example, the focus child’s mother was a strong advocate for her daughter to meet with a therapist to help her deal with some of the trauma issues she may and the case manager arranged for the focus child to meet with an in-house behavioral therapist with whom the child is now working. The case manager has also had to step up in instances where the foster parents work schedule has affected his ability to either attend or transport the focus child to meetings or sessions with the therapist by assuming those responsibilities...”



A reviewer wrote in another story, “Both mother and father felt there were times they were not listened to as much as they might like. The father wanted more visits with his son and had a hard time accepting that the case manager had no control over this as denying these visits was ordered by the judge. Mother was unhappy having a relapse prevention plan since she states that she does not have alcohol and drug issues. She does not seem to comprehend that the plan was established to look at how to prevent her relapsing into her past uncontrolled mental health problems.”

In another case the reviewer indicated, “[The mother] does not believe she has a role and voice in the planning and is somewhat suspicious of everyone. She will not go to counseling because she is concerned that the records will be subpoenaed and used against her in a court hearing...She said she asked for additional visitation during the summer, but the summer was almost over before it was authorized and she could not get a response from the supervised interaction program when she called.”

### **Coordination**

Coordination performance scored 83 percent in the 4-6 range. For example, a reviewer wrote, “The case manager plays the role of ‘central coordinator,’ keeping all informed and involved in the change process. Working in coordination with the focus child, the foster parent and the focus child’s mother, she plans and secures appointments and services for the focus child. She worked on getting a big sister and a mentor for the focus child, arranging for a camping retreat for the focus child during the past summer. The case manager is also involved in helping the focus child’s mother find accommodations in a neighboring county before she leaves jail...”

### **Family Teamwork**

Teaming is a core principle and value of the QSR approach. When there is strong team formation and functioning, other areas of practice are enhanced such as assessment, planning, tracking and adjustment. Effective teaming improves outcomes for children and families. Team formation and functioning is examining if all key participants in the family’s life, including informal supports, are communicating with one another and meeting together when possible to ensure a shared understand of the family’s strengths, needs, progress and challenges. This includes adjusting the goal or the strategies as needed. The team, not only the case manager, is assessing, planning, tracking and adjusting as needed to assist the family in achieving desired outcomes. Team formation scored 50 percent in the 4-6 range and team functioning scored 58 percent in that range.

In one case where both formation and functioning scored in the acceptable range, a reviewer wrote, “In one instance, the mother talked to her therapist about feeling overwhelmed and uncomfortable in the alcohol and other drug abuse (AODA) group setting she was attending. The team was able to communicate effectively and found a program that has been able to meet her needs in a setting that allows her to feel comfortable and involved.”

The following cases illustrate the areas of opportunity with team formation and functioning:

One reviewer wrote, “Teaming in this case has been a challenge for a number of reasons. The mother’s timid personality seems to have affected her ability to communicate during team meetings or to speak up when she disagrees, which has resulted in her feeling that she is not heard. Specifically, she appears to feel intimidated and judged by the foster parent during team meetings and believes the others in the meeting were also intimidated by the foster mother. She stated she would prefer the foster mother not be present during certain discussions but felt it was important for her to be present when the children were discussed. The mother felt she could express this to the supervised interaction worker and her therapist. A number of the team members had not had direct communication with other team members and stated they would be available for team meetings. Most felt they would benefit from discussions with other providers.”

A reviewer in another case wrote, “There are currently small teams and a family team in place that function independently of each other. The team process is underpowered and the case manager is forced to work harder than necessary to disseminate information to all parties because there is no full team in place. Bringing everyone together as a team may create a shared big picture understanding of the family’s strengths, needs, goals, and vision.”

Specific to team functioning, one reviewer wrote, “Team functioning could be strengthened. Although the salient issues on this case were discussed during team meetings and decisions were made, the mother felt ‘ganged up on’ and felt the need to be defensive. Here is an opportunity to implement ways to help the mother feel more comfortable and more a part of the planning at team meetings.” Another reviewer wrote, “There is an opportunity to improve coordination and teamwork through sharing information across all service providers, supports and services, including the school. Where there was some informal teaming between the mother and the foster family, those interviewed did not feel part of a team working jointly toward agreed-upon goals. One person interviewed reported, ‘feeling as if I am working in a silo’ relative to problem-solving, monitoring progress, and facilitating and supporting goals.”

## **Assessment and Understanding**

This indicator addresses two areas of practice, e.g., safety assessment and overall assessment. It is critical when working with children and parents to complete a comprehensive assessment of the family’s strengths and underlying needs and challenges. Families are dealing with numerous external and internal challenges that impact their everyday functioning. The family team needs to have a clear understanding of the family’s underlying needs to implement the most appropriate, least intrusive intervention to make and sustain behavioral changes. Overall assessment scored 92 percent in the 4-6 range. This is an improvement of 17 percent over the 2008 review and is viewed as a relative strength in practice. Safety assessment scored 80 percent in the 4-6 range.

In one case where there was an awareness and understanding of the impending danger threats for the focus child due to the potential for the mother’s mental and physical health struggles to impair her protective capacities. The reviewer wrote, “They were also aware of the supports the mother needed to continue to function successfully as the focus child’s mother, e.g., good informal supports from the foster family, good medical management, etc. All interviewed

seemed to understand the mother's strengths that they could build on, e.g., she is very resourceful in finding parenting help, she is always trying to do what is right for the focus child, as well as her weaknesses (e.g., physical difficulties and anxiety)."

The reviewer in another case where those involved fully understood the child's behaviors, parenting challenges, and the risks to the child and others wrote, "This understanding provided the basis for the workers, mother, the foster family and providers to identify what had happened and what needed to change. Interventions and supports were developed to build on the loving bond between the focus child and his mother, help the mother begin to address her past trauma and mental health issues, and support her in developing and consistently using non-abusive and effective parenting strategies."

In a case where domestic violence is believed to be present in the family home, the reviewer wrote, "There does not appear to be a full understanding of the parents' mental health needs or past traumas and how these impact their parenting capacities. Presently, there are domestic violence threats in the home, and the impact this presents on their co-parenting is unknown. It seems this is creating misunderstanding regarding conditions necessary to change and confusion regarding goals and services."

Although the score dropped 12 percentage points from the 2008 review, eight of the 10 cases scored for safety assessment are in the acceptable range. One reviewer wrote, "The case manager does frequent safety assessments in the home including making sure there is adequate food. She talks to the school regarding the focus child's progress and interviews the focus child individually. Everyone is aware of how the children have flourished in their father's care. They are also aware of the flight risk the mother poses if her interaction with the children is not supervised and share concerns that the child protective services referrals could increase again."

In another case related to safety assessment, the reviewer wrote, "The case manager also understood the safety needs of the focus child and removed him from his aunt's home even though the child did not see the risk involved in that home. The worker has a good grasp of the adults' strengths and challenges and drew on their strengths to benefit the focus child." In a case where safety assessment scored in the unacceptable range, the reviewers identified the need to include an assessment of the maternal grandmother's home due to current circumstances and historical concerns related to present and impending danger threats.

### **Long-Term View**

Identification of what will be different or what needs to be present in order to safely close the case improves the likelihood of achieving those outcomes. Without a clear identification of what "done" looks like, permanency and independence from the child welfare system may be somewhat elusive. Long-term view is identified as a challenge in Walworth County's practice. Fifty-eight percent of the cases scored in the 4-6 range. There is an opportunity to review and refine practice in this area.

In a case where long-term view scored in the acceptable range the reviewer wrote, "Everyone interviewed described the focus child as a 'good kid who makes bad choices.' They recognized

how much better his behavior is in foster care than when he lives with his [parent]. Everyone is also concerned about his lack of high school credits. Therefore, the long-term view for the focus child to be successful in the future is to continue in his foster home, complete his high school education so he will be able to obtain employment. The foster family is part of the sustainable support system he will need in the future.”

The following examples illustrate how the lack of clarity around “the end point” or the goal can slow or stall progress toward permanency and independence and also how core practice functions interrelate and impact one another. A reviewer in one case wrote, “At the moment, there is no clear vision between the parties involved about the direction the case is moving.” The reviewer indicates that this is due in part to the need for a better understanding of the parents’ mental health needs, past traumas, and current domestic violence but also to the need for concrete strategies to achieve goals. Another reviewer wrote, “A significant portion of the practice challenge in this case is the difficulty assessing the parents’ caregiving capacities, which contributes to a vague long-term view and unspecific criteria for safe case closure.”

In a case where engagement has been a challenge from the beginning, primarily due to the parents’ frustrations that law enforcement and the court were involved, the reviewers wrote, “There appears to also be a need for clarity around the long-term view and agreement on what it will take to achieve safe case closure. It seems clear from the review that the parents do not need or would not benefit from any further therapeutic services. Although participants identified risks, it appears there are not any present or impending danger threats and the family may not benefit from any other services provided by the agency. This particular case illustrates the barriers encountered when a family is not engaged, or is only marginally engaged, in the process.”

### **Planning a Change Process**

Planning has four components, safety management, permanency planning, behavioral outcomes and sustainable supports. The table illustrates the percentage of cases scoring in the acceptable range.

<b>Planning for:</b>	<b>Percent scoring 4-6</b>
Safety management	56%
Permanency	82%
Behavior outcomes: child/youth	80%
Behavior outcomes: parent/family	67%
Sustainable supports	75%

A reviewer wrote of a case that scored in the acceptable range for all planning indicators, “There is a plan to facilitate reunification between the focus child and her mother that includes trial visitations between them when the focus child’s mother is released from jail later this year and moves into transitional housing. There are plans for joint therapy services between the focus child and the mother to help them deal with some of the anger the focus child may have toward

her mother and to also assist the mother in gaining further insight into how her drug use in the past affected the focus child.”

In one case regarding planning for behavioral outcomes (with children), the reviewer wrote, “In terms of planning for behavioral outcomes, the focus child’s needs are understood and interventions are planned accordingly to assist with moving him in the direction of permanency.” Another case makes clear the need to have a full understanding of that which may or could impact progress. For example, a focus child in one case is concerned about his mother and the reviewer wrote, “If he sees his mother being supported, it may ease his mind because in many ways he feels protective of her. If that burden can be somewhat lifted, he may be more able to focus on his education and independent living skills, which, up until now, he has resisted. In addition, a plan has yet to be developed to handle his acting-out behaviors if and when it occurs again and address that which may be contributing factors.”

In another, the reviewer wrote, “Presently, it appears that both plans (reunification and adoption) are underpowered to significantly impact any progress toward meeting the goals. The mother and the team members would benefit from having concrete strategies and knowing the necessary actions to promote long-term change. It seems to be known that the focus child’s mother must demonstrate continued stability in her home environment, but the confusion seems to lie in how the mother can behaviorally show evidence she is achieving this. Clarifying behavioral expectations may assist the mother in identifying and possibly reducing the actions that interfere with her protective and caregiving capacities.” For example, the mother in this case “does not seem to have an understanding of how she can demonstrate that she has a safe home or graduate to less restrictive family interaction, given her current situation.”

One reviewer wrote, “Safety management is an area where review and refinement is indicated. The focus child and his sibling have been having regular interaction with their father at the home of his mother, their paternal grandmother. When discussing the parent-child interactions, the paternal grandmother indicated she did not believe she needed to supervise contacts between her son and his children. Those contacts typically occur in her home. She was unclear if he could have overnight visits, but reported she does allow him to have time alone with the children. Recent CCAP records indicate he is currently being charged with strangulation, suffocation, and battery. This is believed to have been unknown to the case manager at the time of the review. A safety assessment would be warranted for the home of the paternal grandmother, given the children’s contact with their father in that setting.

With respect to planning for sustainable supports, a reviewer wrote, “Sustainable supports as they relate to the caregiver scored very well because she feels confident about the support system she has created.” Another reviewer wrote, “There has been good planning for sustainable supports. The case manager has assisted the father with obtaining food stamps and medical assistance and has provided him with parenting information. In-home therapy was put in place as a bridge from interaction with the father to living together as a family.”

## **Resource and Support Use**

There are three elements to resource and support use, youth/child use, which scored 100 percent acceptability for the 10 cases reviewed; parent/family use, which scored 55 percent in the 4-6 range for the 11 cases reviewed and substitute caregiver use, which scored at 100 percent acceptability for the 10 cases reviewed. Examples of good resource availability follow.

One reviewer wrote, “A vast array of services have been provided in this case with the ultimate goals of helping the focus child find success in his daily life and attain permanency.” In another, “The agency has deployed a lot of resources to accommodate the focus child and meeting her needs. The foster parent has completed the initial certification that is needed to be certified as a foster family home for the focus child. He gets kinship care payment for taking care of the focus child. The focus child is receiving mental health therapy...as well as a twice a month visit from the ongoing case manager.”

## **Tracking and Adjustment**

Eighty-three percent scored in the 4-6 range for tracking and 75 percent scored in the 4-6 range for adjustment. Effective tracking requires maintaining an ongoing situational awareness of the child and family. Is all the information that is available being obtained and used in the assessment and planning? Effective adjustment depends upon understanding and acting on what is working and not working for the family to meet the conditions for safe case closure. How well is the service team finding out what works for the child and family and then using the information appropriately? It is expected that the case plan created with the family at the start of a case will not be the same case plan at the time of reunification or closing.

A good example of practice in this area a reviewer wrote, “There are efforts by the case manager to monitor and track the services that are in place. In addition, the case manager appears to stay on top of impending danger threats, and monitors the regular changes that occur on a sometimes daily basis.”

A reviewer in a case that scored in the unacceptable range wrote, “Tracking and adjusting appeared to be largely crisis-based in this case. There have been several changing conditions that required a response by the agency (e.g., mother’s move, her pregnancy, and her homelessness). There is a sense that the agency is watching this family’s progress; however, much of the information received is by way of urgent phone calls from concerned relatives, or the mother herself. At the time of the review, the case manager and therapist involved identified a need to come together to revisit the family’s current situation.”

## **Cultural Accommodations**

Cultural accommodation is an area of specialized practice in which the QSR looks at the degree to which special accommodations are made in response to cultural concerns within the family. All three cases scored for this indicator scored in the 4-6 range. This is an improvement over the 2008 review where one of the three cases scored in the 1-3 range.

The reviewer in one case wrote, “Both of the parents are fluent with speaking English and the case manager indicated the father is proud of his heritage. The interaction worker assigned to the case is bilingual because Spanish is the mother’s preferred way to communicate with the focus child and his sibling, indicating a sensitivity to the parents’ desire for their children to retain their cultural heritage and be proficient in speaking their native language.” In another Spanish-speaking family, the reviewer wrote, “The agency has done exceptionally well with identifying and addressing the focus child’s cultural needs. The interaction worker, former therapist and case manager are all bilingual, although the focus child is very proficient in English. More importantly, these individuals have an understanding of the difficulties faced by the focus child who grew up like an American in a family of a different culture. They are sensitive to the challenges faced by the focus child’s family because their family practices are not always compatible with expectations in American society, e.g., the use of physical discipline and unfamiliarity with therapy.

### **Maintaining Relationships**

The review examined the nature and quality of interactions and relationships between children in out-of-home care and other members of their family. Maintenance of family relationships involves supports such as visits, other forms of contact and communication, family involvement in decisions affecting children and planning. The scores below indicate significant improvement over the 2008 Quality Service Review for the frequency and quality of sibling interactions. Scores for interactions with mothers and fathers remained unchanged from the previous review although the quality of the mothers’ interactions improved from 80 percent in the 4-6 range (in 2008) to 90 percent this review. An ongoing challenge for many families is the father’s involvement and interactions with his children.

<b>Family Member</b>	<b>Percent scoring 4-6</b>
Family interactions: birth mother	80%
Family interactions: birth father	33%
Family interactions: siblings	80%
Quality relationship: birth mother	90%
Quality relationship: birth father	33%
Quality relationship: siblings	80%

A reviewer in one case that scored in the acceptable range wrote, “Family interactions and quality relationships being maintained between the focus child and his mother and sibling were great. Visits were conducted four times a week for four hours at a time. Although the mother did not make all of these visits, there was always the opportunity for regular and frequent interaction with the focus child. This frequency allowed the mother and sibling to maintain a good relationship with the focus child.” Another reviewer wrote, “The efforts of the agency to provide for quality family interactions have been strong. The agency has worked hard to maintain a positive relationship between the focus child, his brother and their parents, and understand the importance of this relationship.”

A reviewer in another case wrote, “Plans for interactions are in place. The focus child is free to see and contact his mother whenever he wishes. At his request, supervised interaction was set up and visits started with his siblings as well as his mother. He is really excited about seeing his sisters and brother. The quality of the family relationships is good. In fact, the focus child and his mother seem to get along better when he does not live in the family home.”

### Case Prognosis Forecast

Reviewers project the status of each case based on current circumstances and performance – improve, status quo, decline in the next six months. Collectively, the cases in this review were projected to have the following status six months from the review.

Six month Prognosis	Percent
Improve	8%
Status quo	84%
Decline	8%

## VI. Recommendations

- 4. Add a fourth Initial Assessment (IA) Worker.** Stakeholders from many focus groups voiced the need for an additional IA worker. Two performance measures are directly affected by understaffing at the point of IA. They are timeliness of initial face-to-face contact and completing the initial assessment within the 60-day timeframe set in statute and standards. Presently the IA unit is not achieving the performance standard set for these two measures.
- 5. Implement strategies to improve consistency of quality and completeness of child abuse and neglect (CAN) reports in Access.** The current inconsistencies related to the quality and completeness of CAN reports generate risk and liability because it can increase the number of false positives and false negatives. Through not gathering the required information identified in the standards, the supervisor increases the likelihood of erroneously screening a case out that should have been screened in (false negative). False positives negatively affect workload by investigating a case that should have been screened out.
- 6. Critically discern the cause(s) for the drop in scores for Engagement and Role and Voice and initiate strategies to reverse the trend.** The answers to this enigma may initially be explored through analysis of the stories which were sent to the ongoing supervisor. That would be a logical first step. A follow-up step may be to utilize the root cause analysis process, used by the facilitators in the development of the agency Action Plan, to identify underlying factors contributing to the declining scores.



# Appendix I

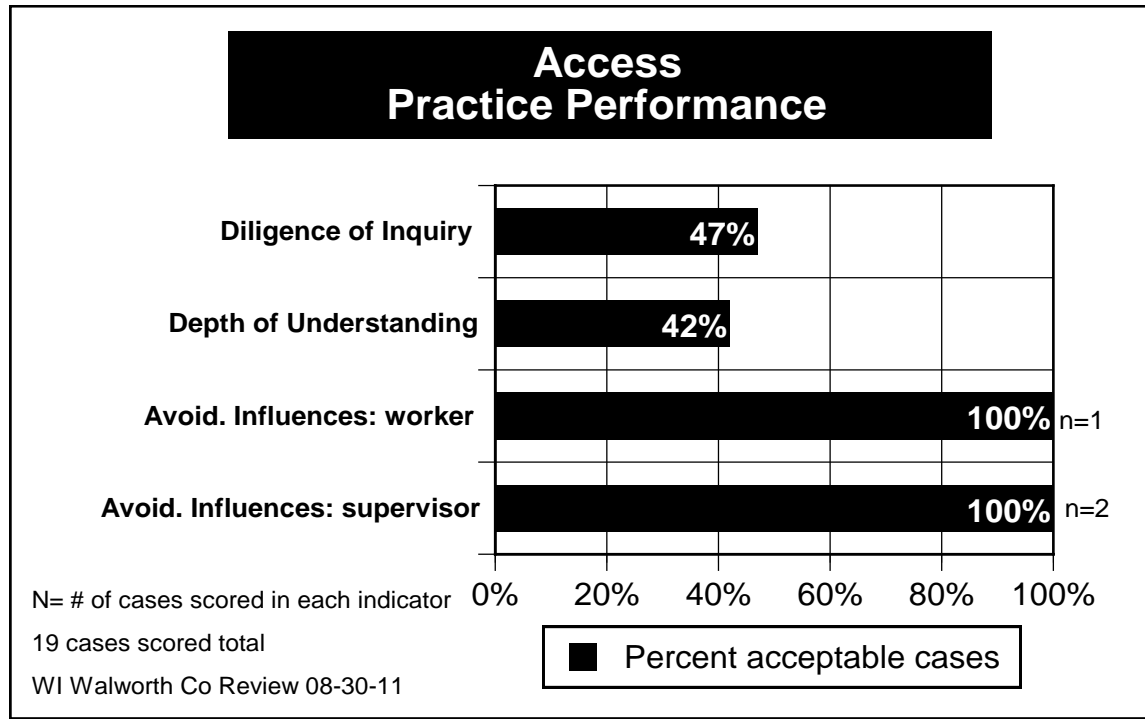
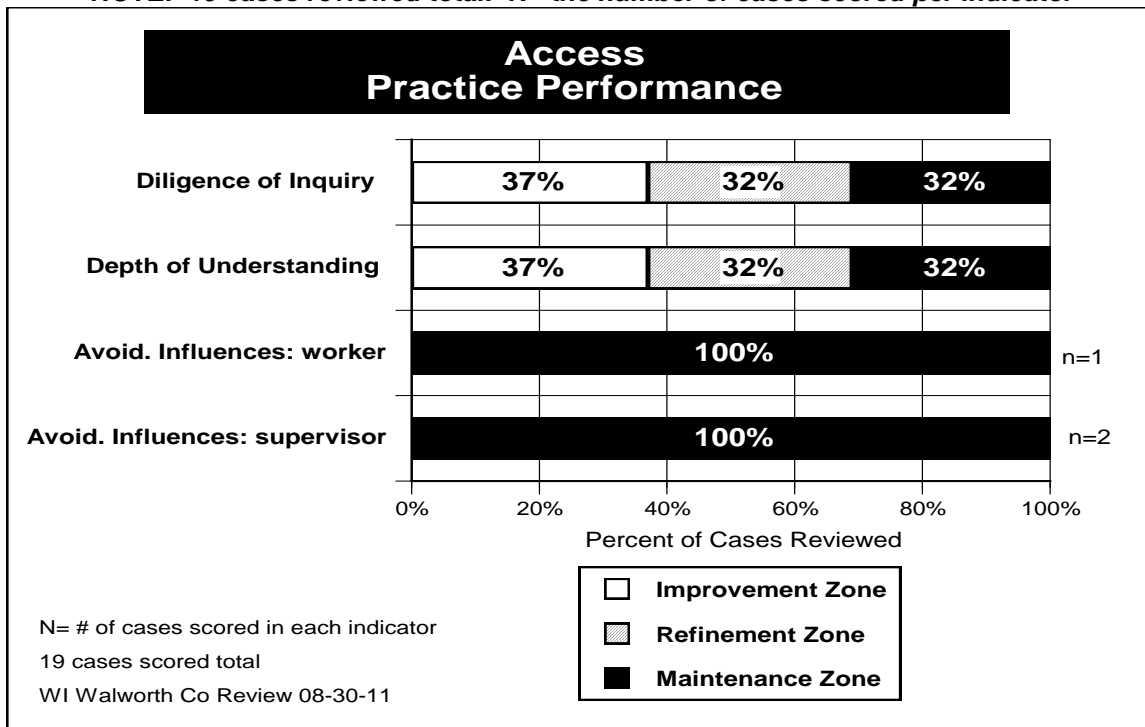
## Review Findings

In the following appendix, QSR data are reported in two ways. On each of the following pages related to scores, there are two different charts for each indicator. The first chart on each page uses a simplified manner that bands scores into three groups. Scores of 1-2 are combined in a band identified as Improvement Zone, meaning that status/performance is poor and worsening and that immediate attention is needed to improve the case. Scores of 3-4 are combined in a band identified as Refinement Zone, meaning that status/performance range from minimally unacceptable to minimally acceptable. Scores 5-6 are in the Maintenance Zone, meaning that performance is good to excellent and superior work should be maintained.

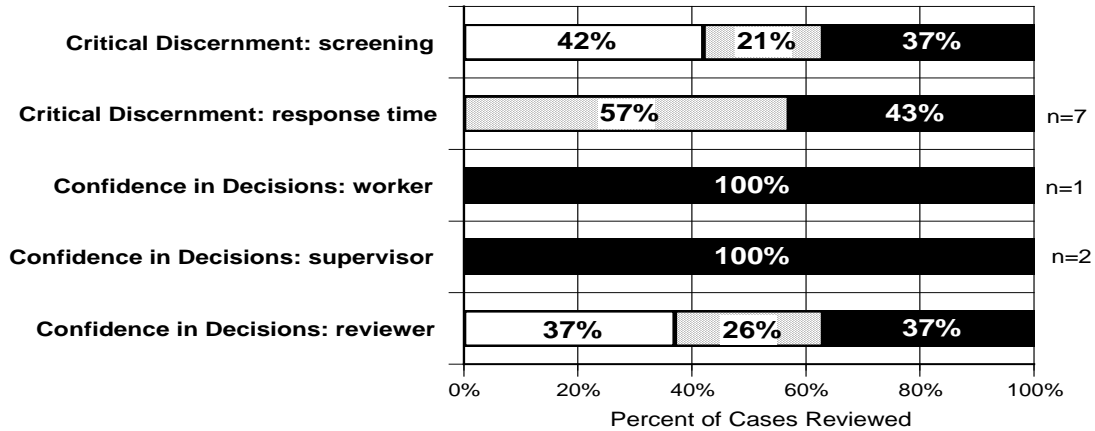
The second table for each indicator distinguishes status and system performance based on the percentage of cases that fall in the Minimally Acceptable to Optimal range, meaning cases that score between 4 (minimally acceptable) and six (optimal performance). This presentation of data sharpens the distinction between those cases needing still needing concerted action (3) and those that have moved into the fully acceptable range (4), reducing the blurring of performance when 3 and 4 are combined in a single band.

The scores for Access and Initial Assessment practice in the Walworth County review are presented in the following tables.

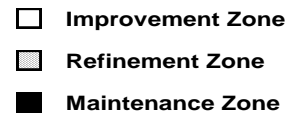
**NOTE: 19 cases reviewed total: N= the number of cases scored per indicator**



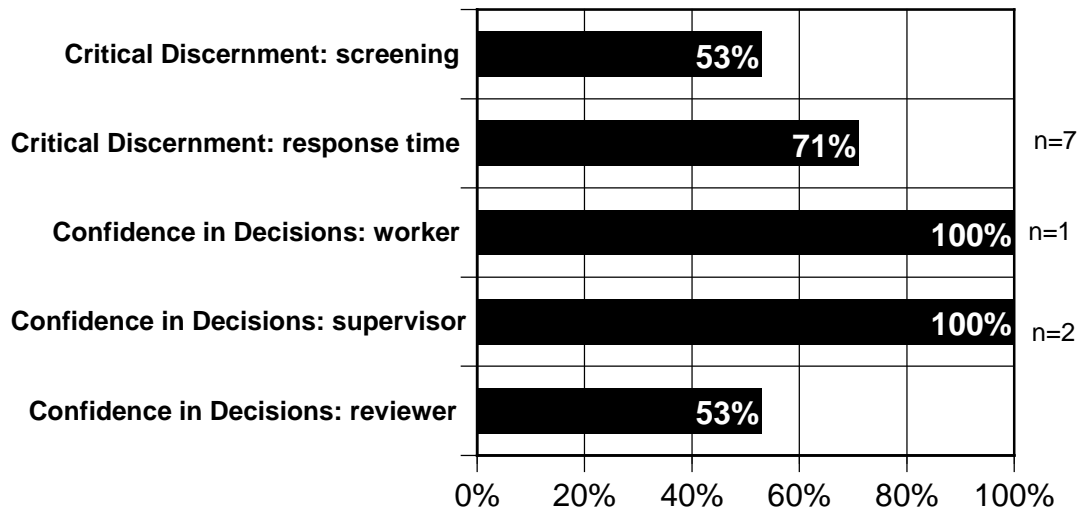
## Access Practice Performance



N= # of cases scored in each indicator  
 19 cases scored total  
 WI Walworth Co Review 08-30-11

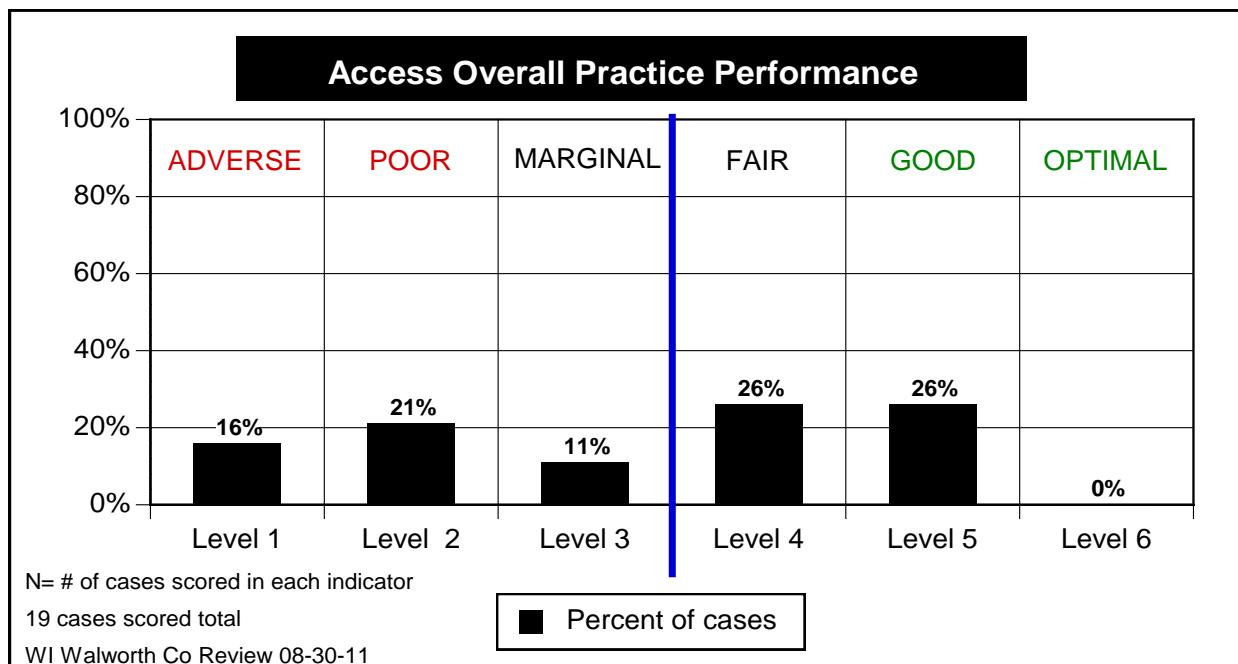


## Access Practice Performance



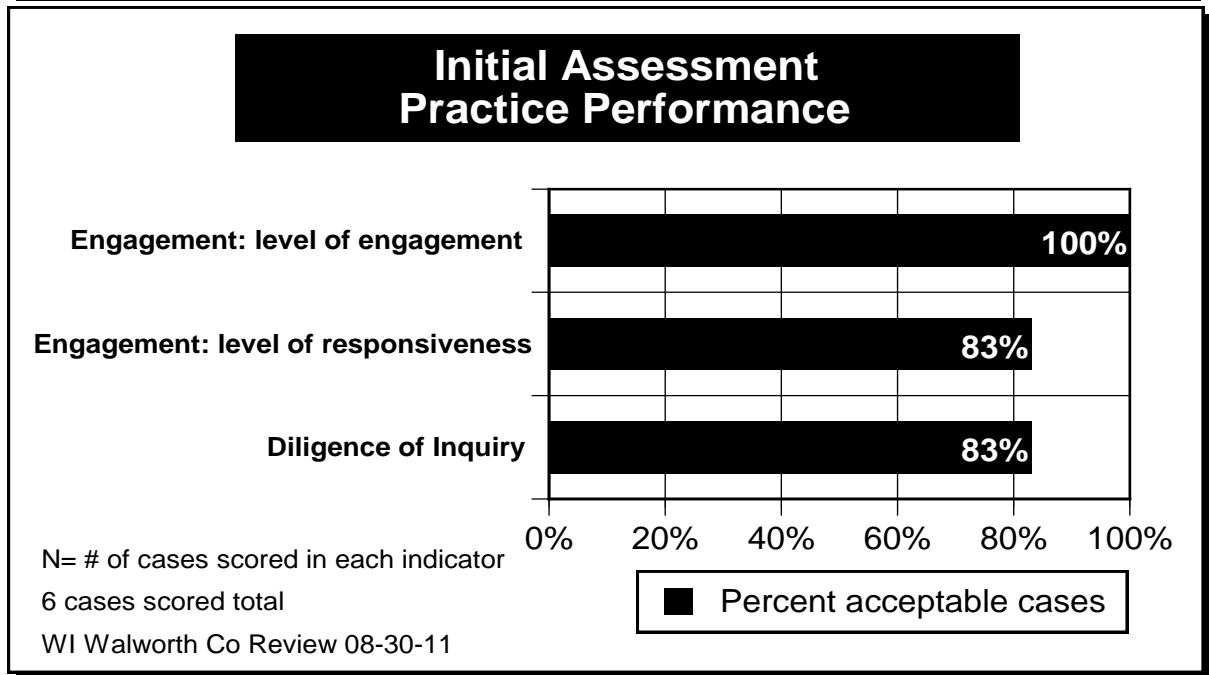
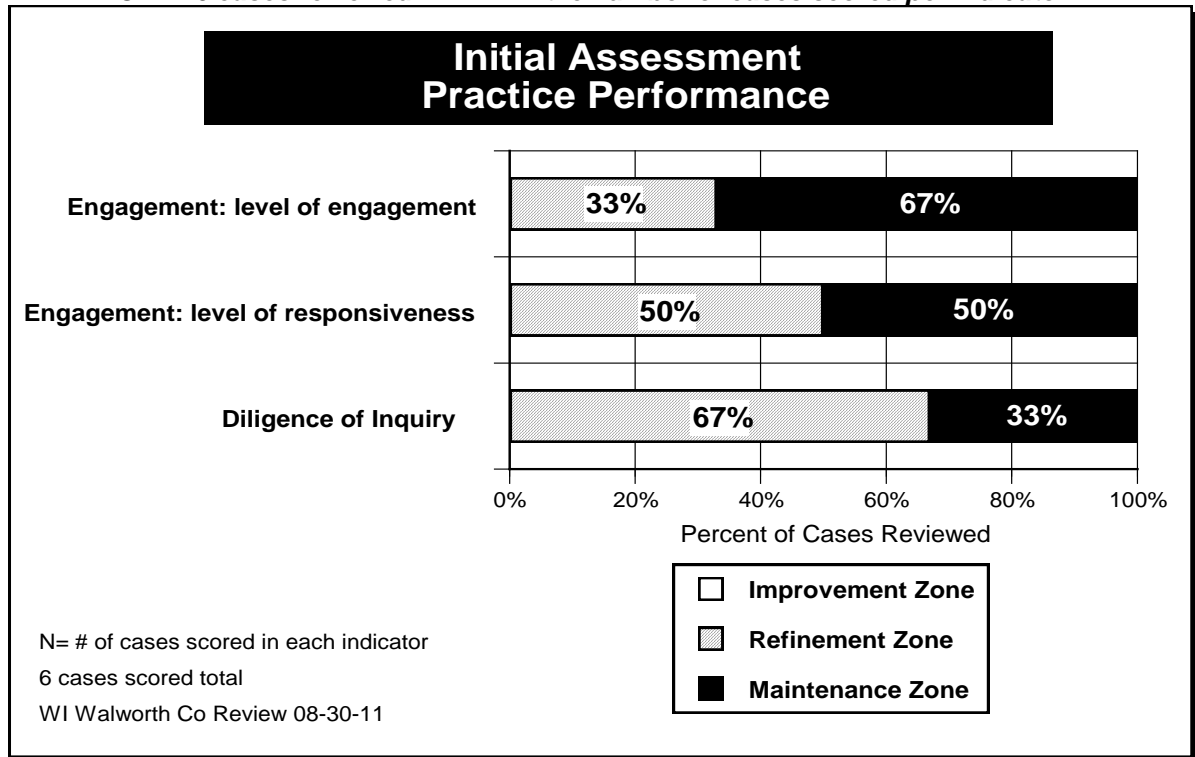
N= # of cases scored in each indicator  
 19 cases scored total  
 WI Walworth Co Review 08-30-11

Percent acceptable cases

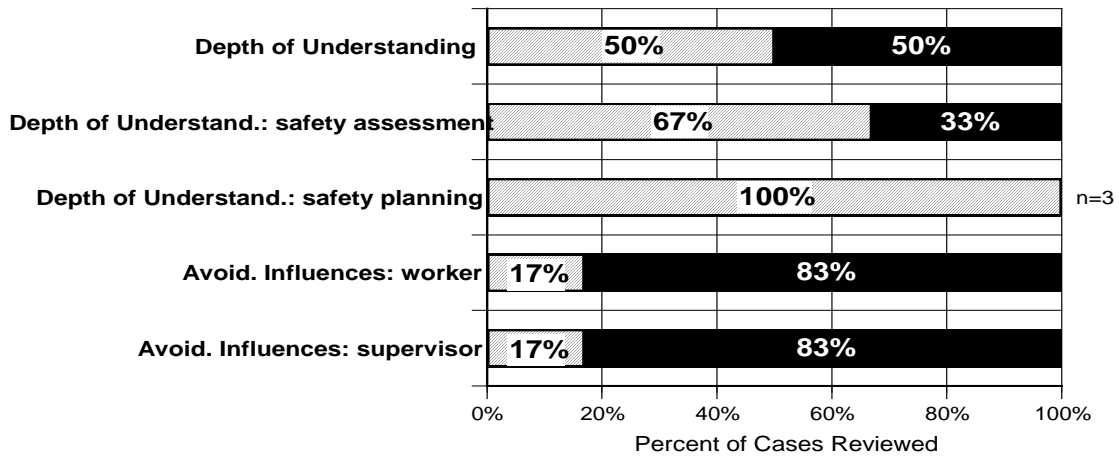


IMPROVEMENT	REFINEMENT	MAINTENANCE
UNACCEPTABLE		ACCEPTABLE

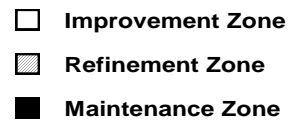
**NOTE: 6 cases reviewed in IA: N= the number of cases scored per indicator**



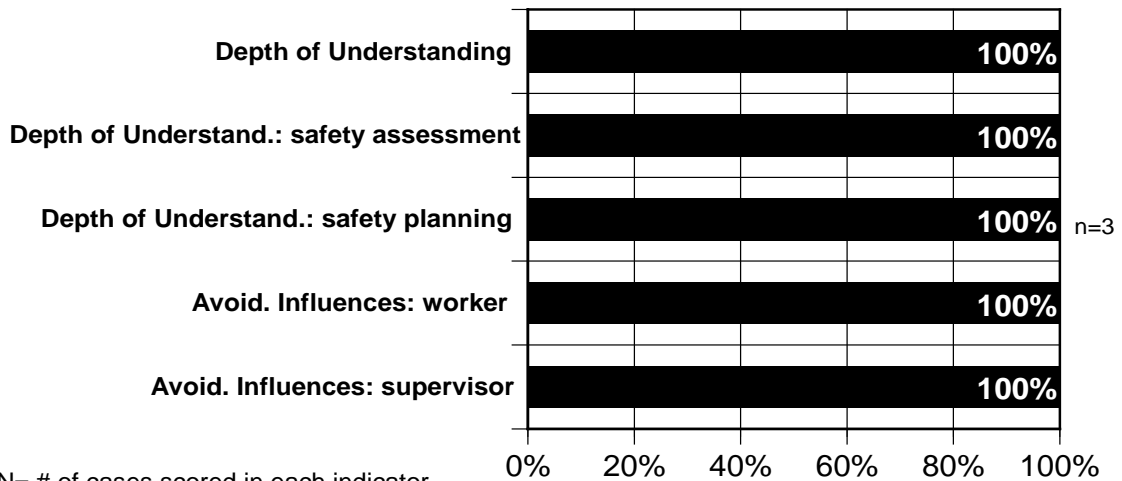
## Initial Assessment Practice Performance



N= # of cases scored in each indicator  
 6 cases scored total  
 WI Walworth Co Review 8-30-11



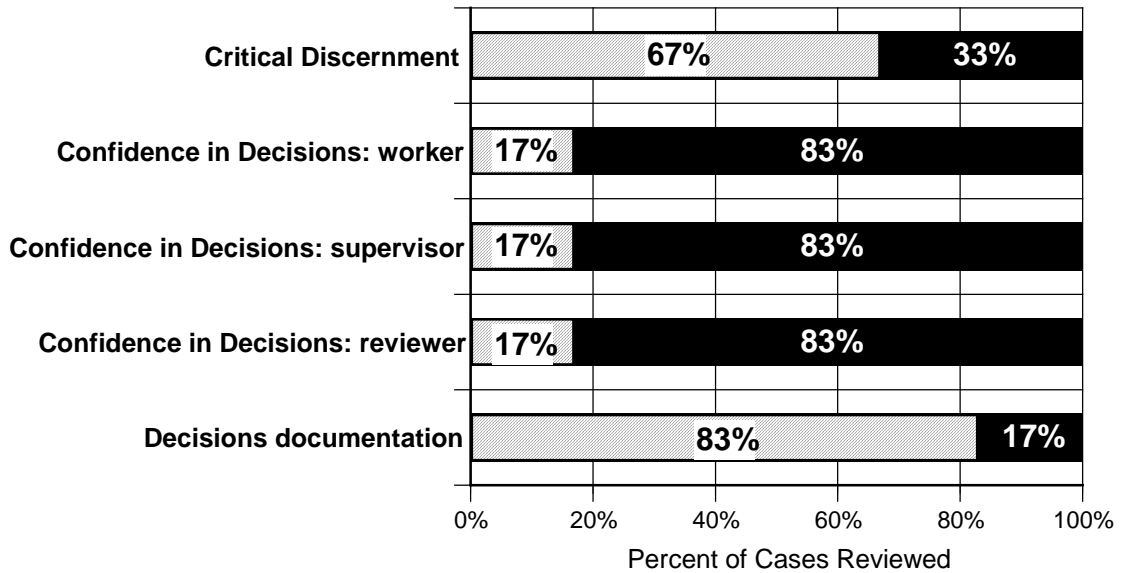
## Initial Assessment Practice Performance



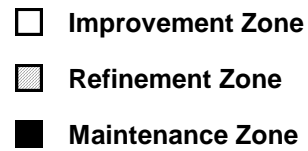
N= # of cases scored in each indicator  
 6 cases scored total  
 WI Walworth Co Review 08-30-11

Percent acceptable cases

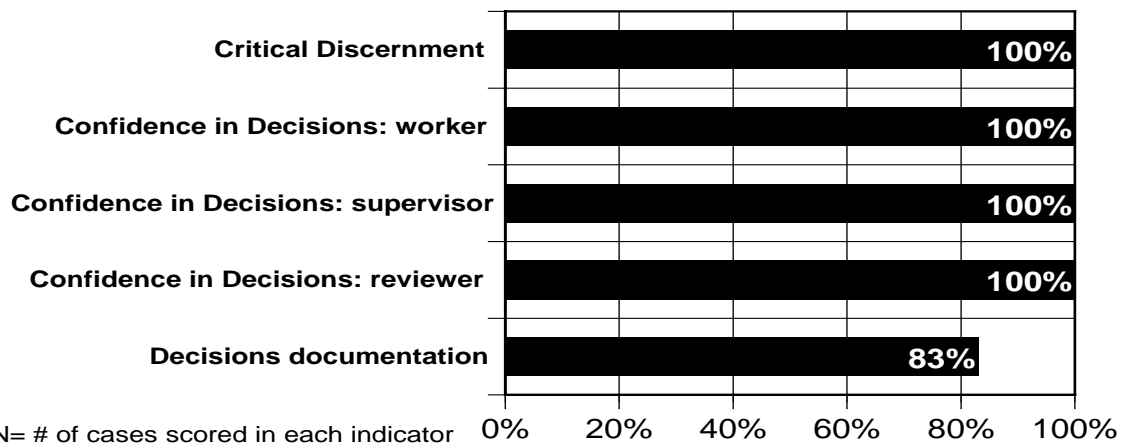
## Initial Assessment Practice Performance



N= # of cases scored in each indicator  
6 cases scored total  
WI Walworth Co Review 08-30-11



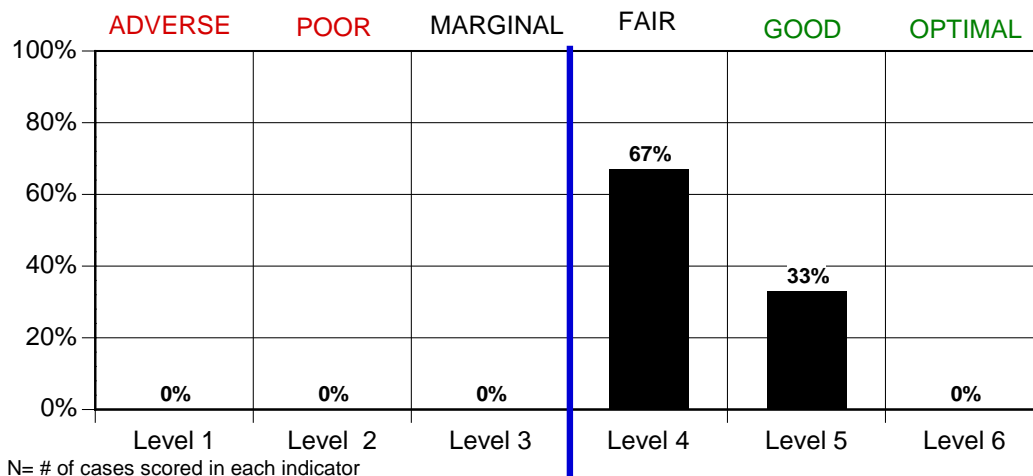
## Initial Assessment Practice Performance



N= # of cases scored in each indicator  
6 cases scored total  
WI Walworth Co Review 08-30-11

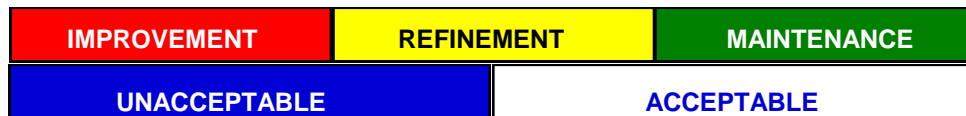
Percent acceptable cases

### Initial Assessment Overall Practice Performance



WI Walworth Co Review 08-30-11

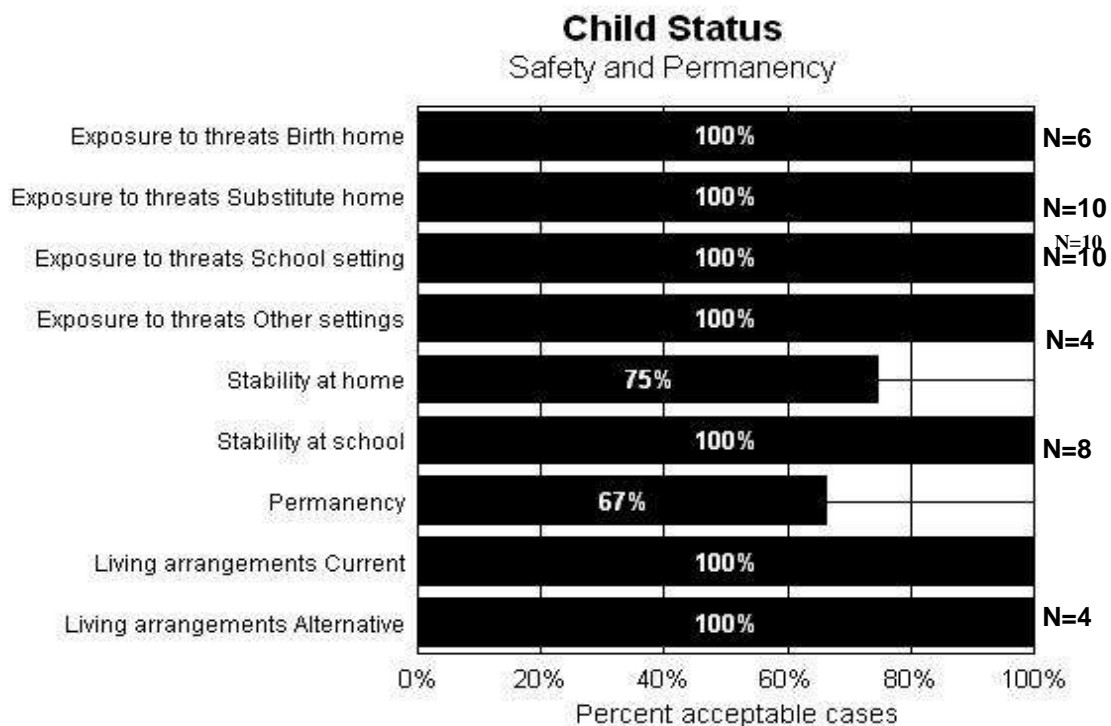
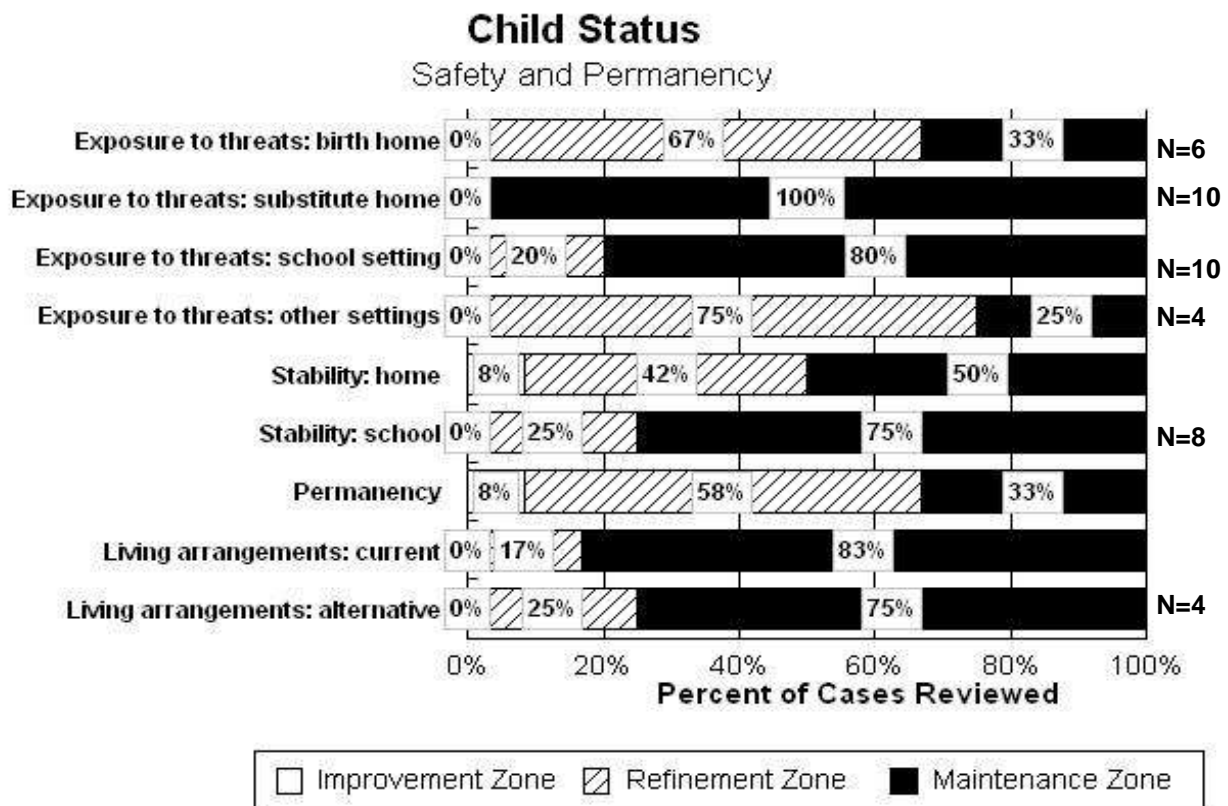
■ Percent of cases

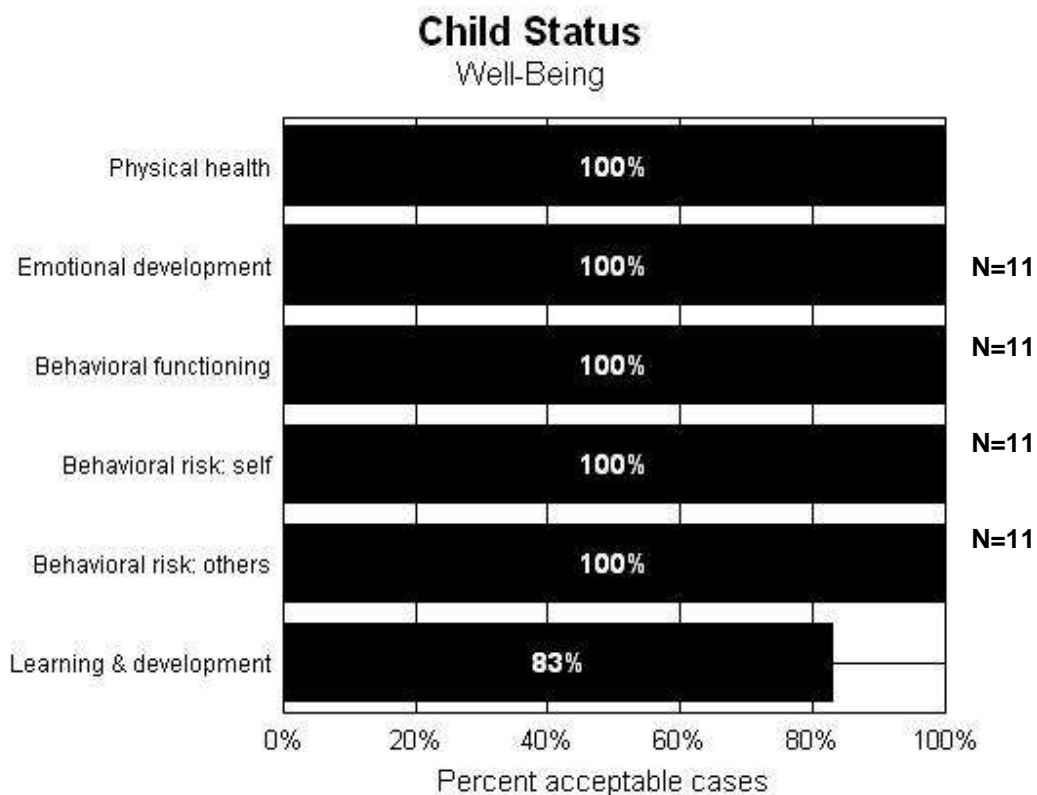
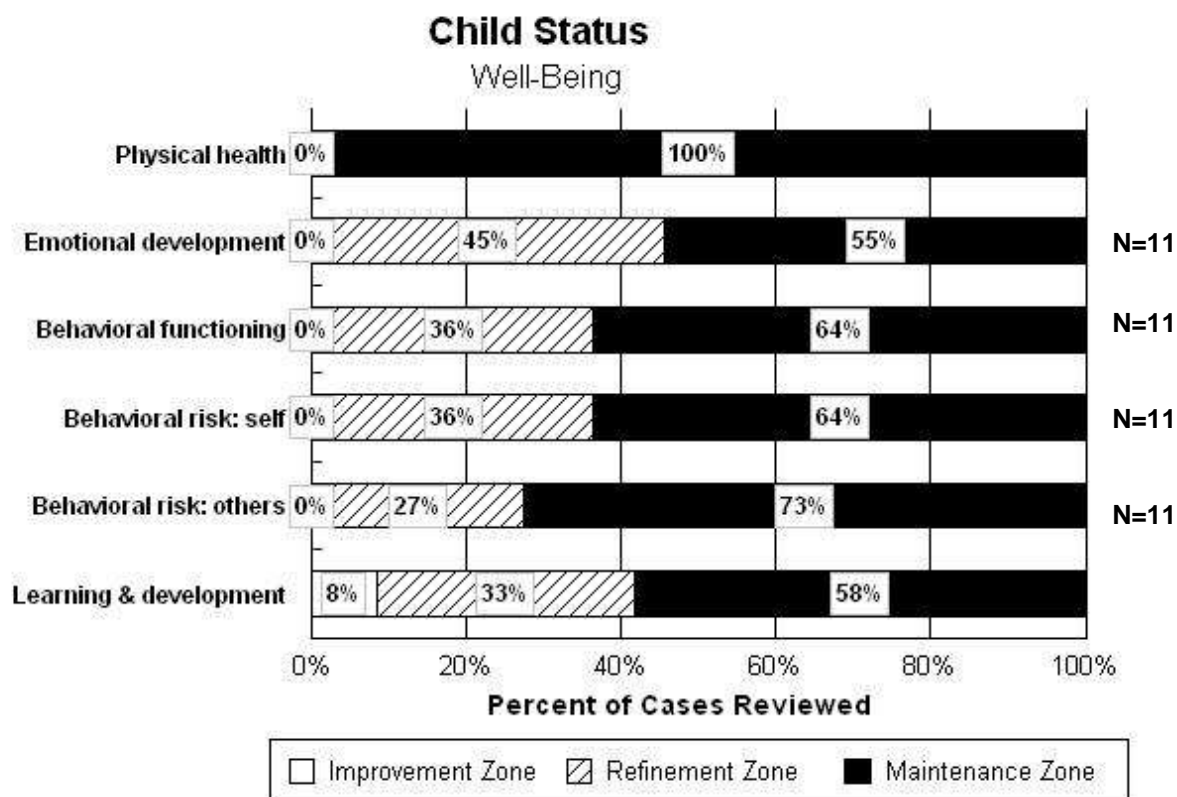


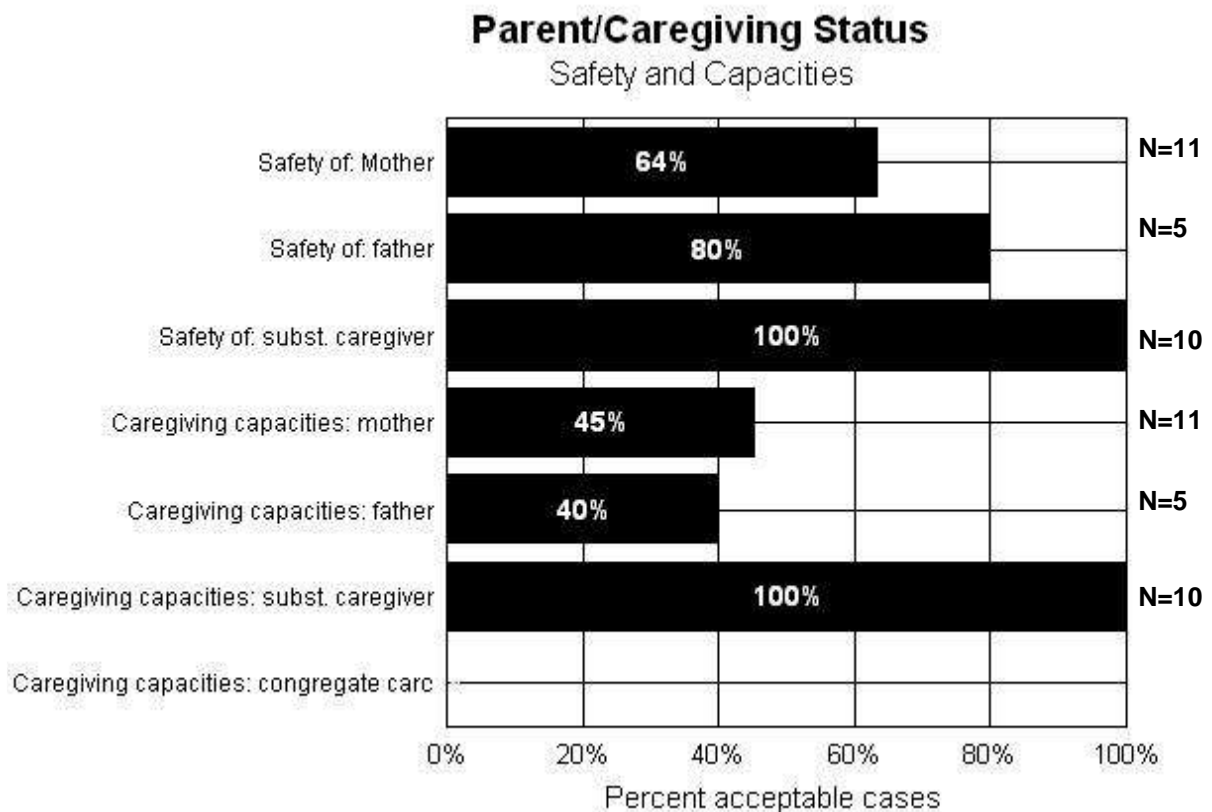
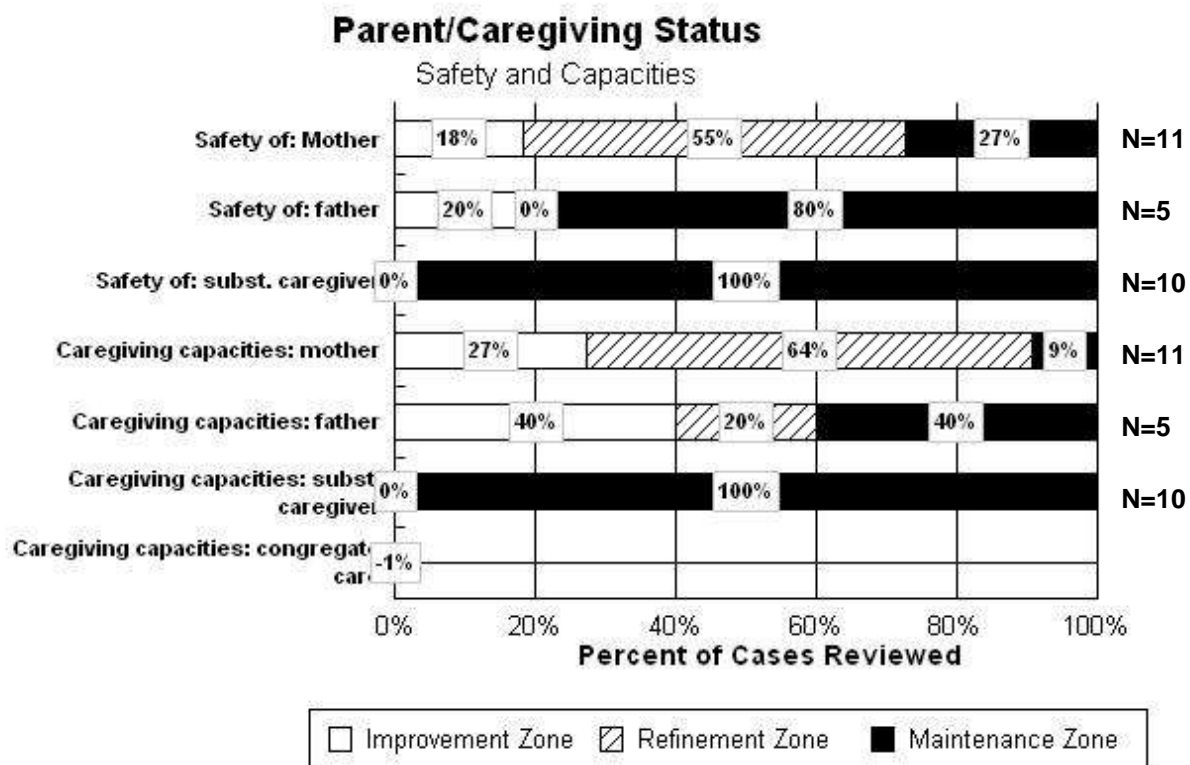


The scores for child and family status and Ongoing system performance in the Walworth County review are presented in the following tables.

**12 Cases Scored Total**      **N= the number scored in each indicator out of the 12 cases**

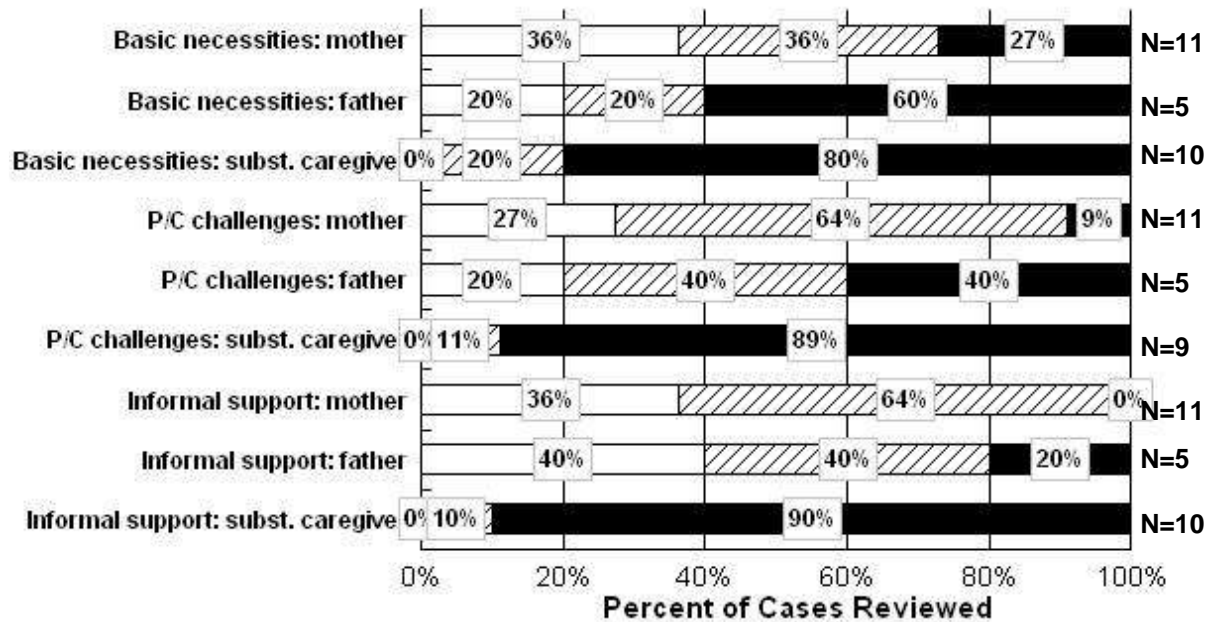






## Parent/Caregiving Status

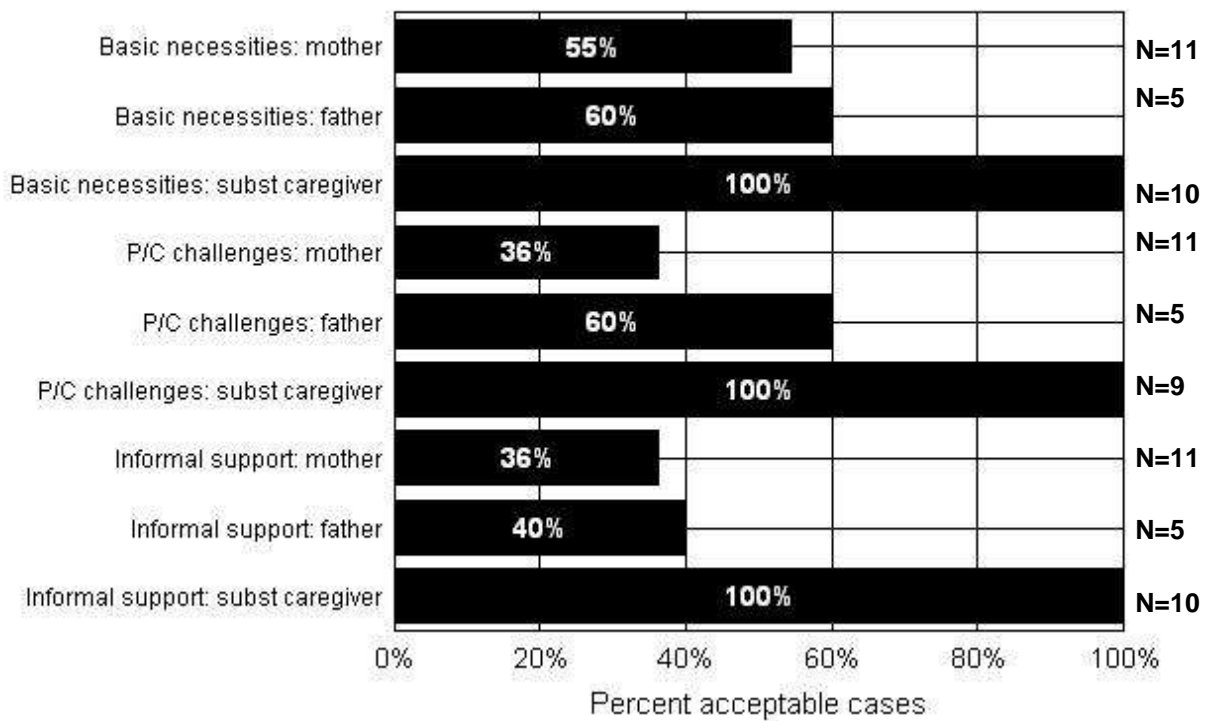
Necessities/Challenges/Support



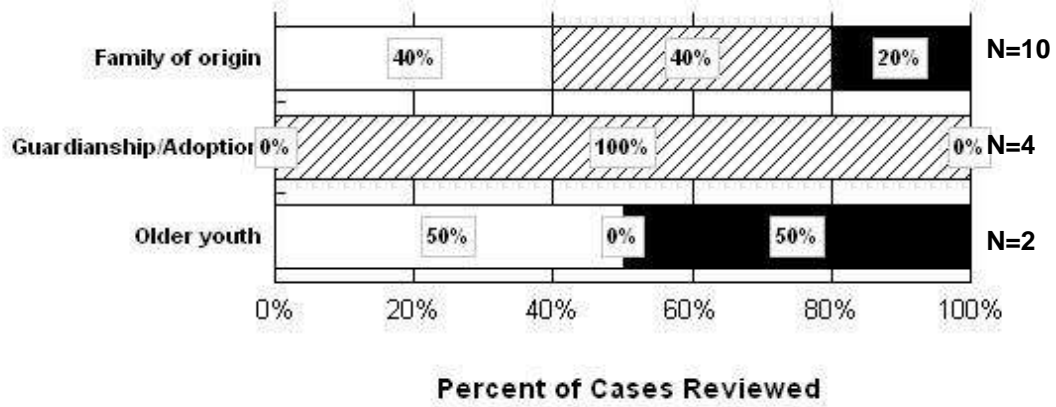
☐ Improvement Zone
 ☒ Refinement Zone
 ☒ Maintenance Zone

## Parent/Caregiving Status

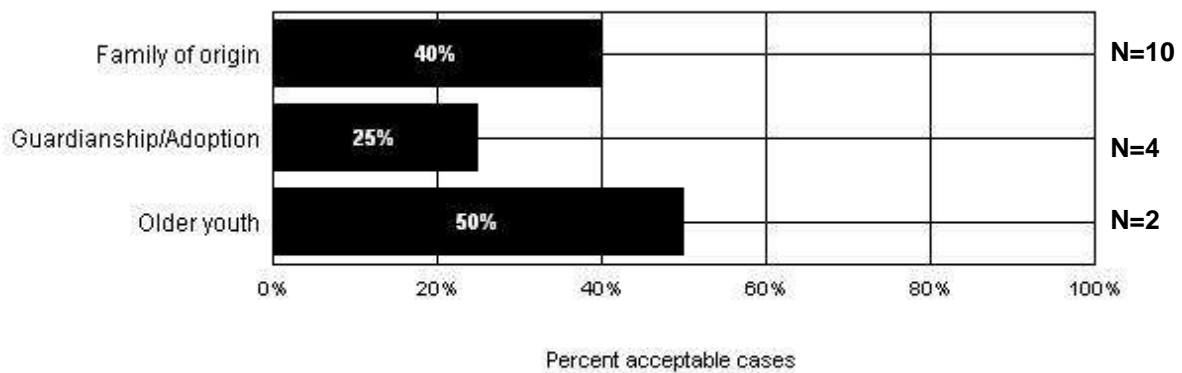
Necessities/Challenges/Support

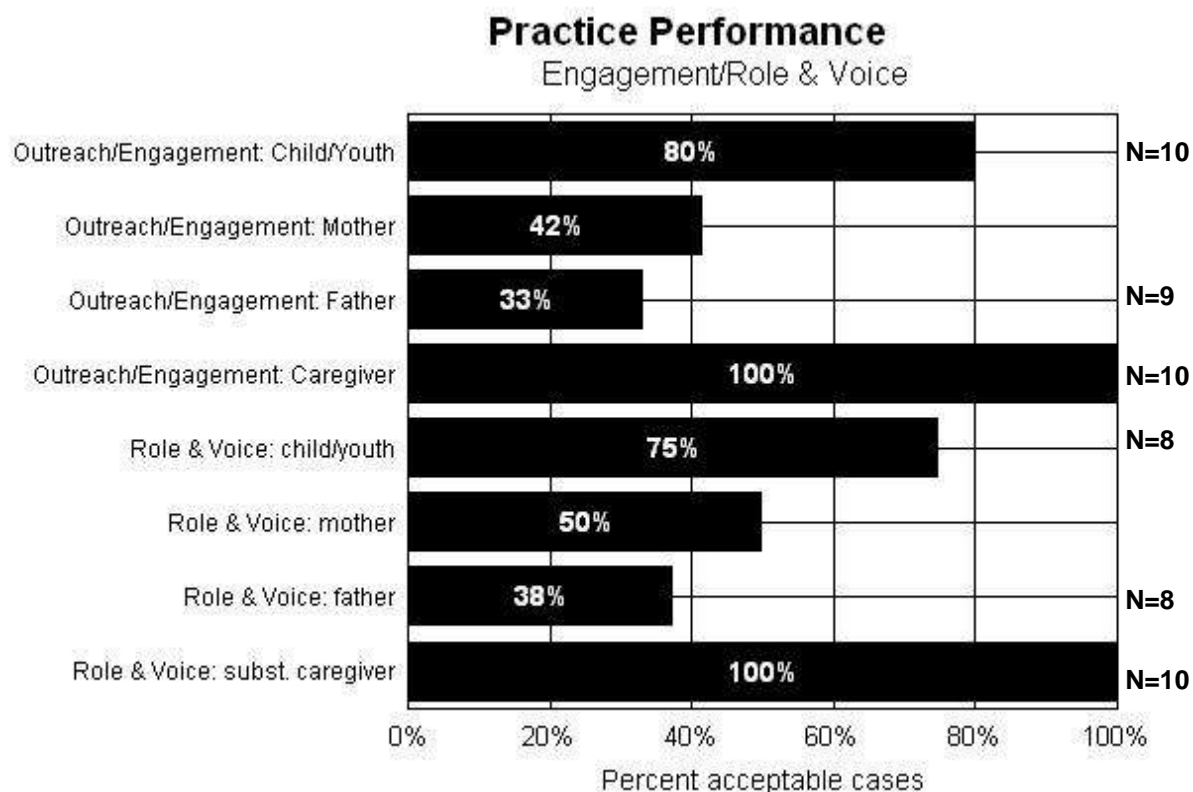
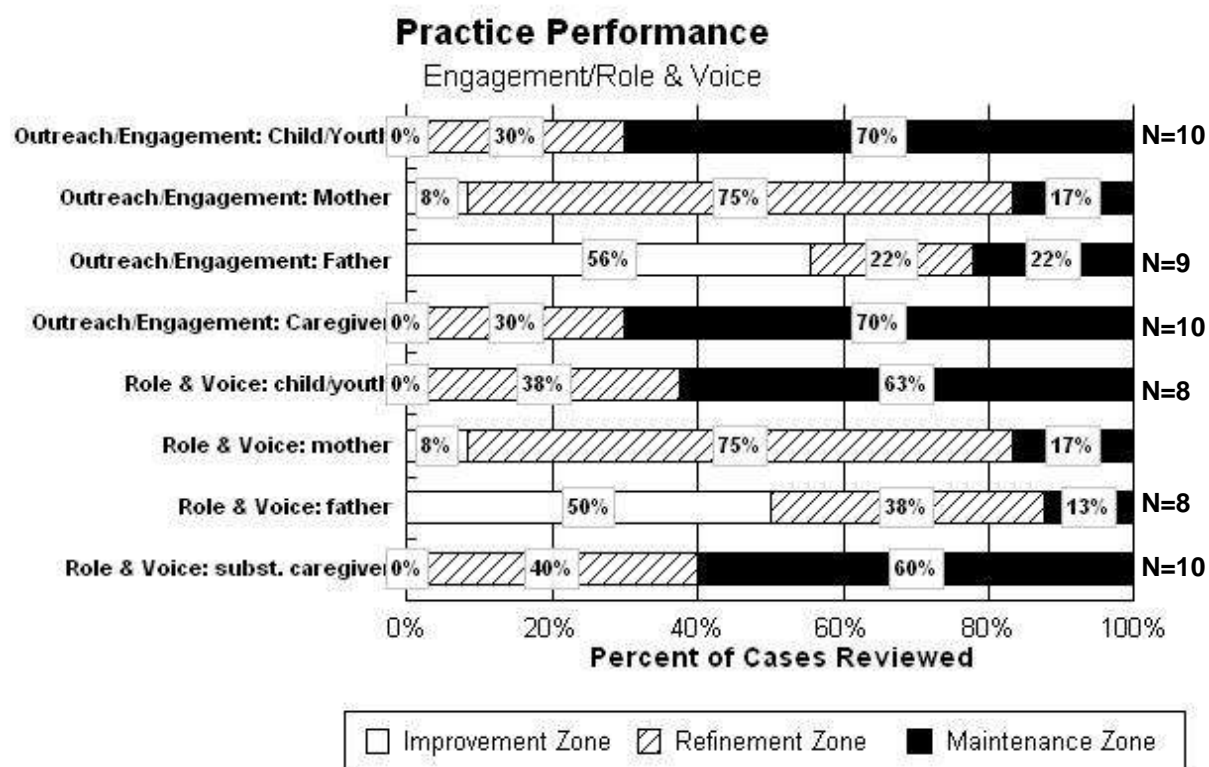


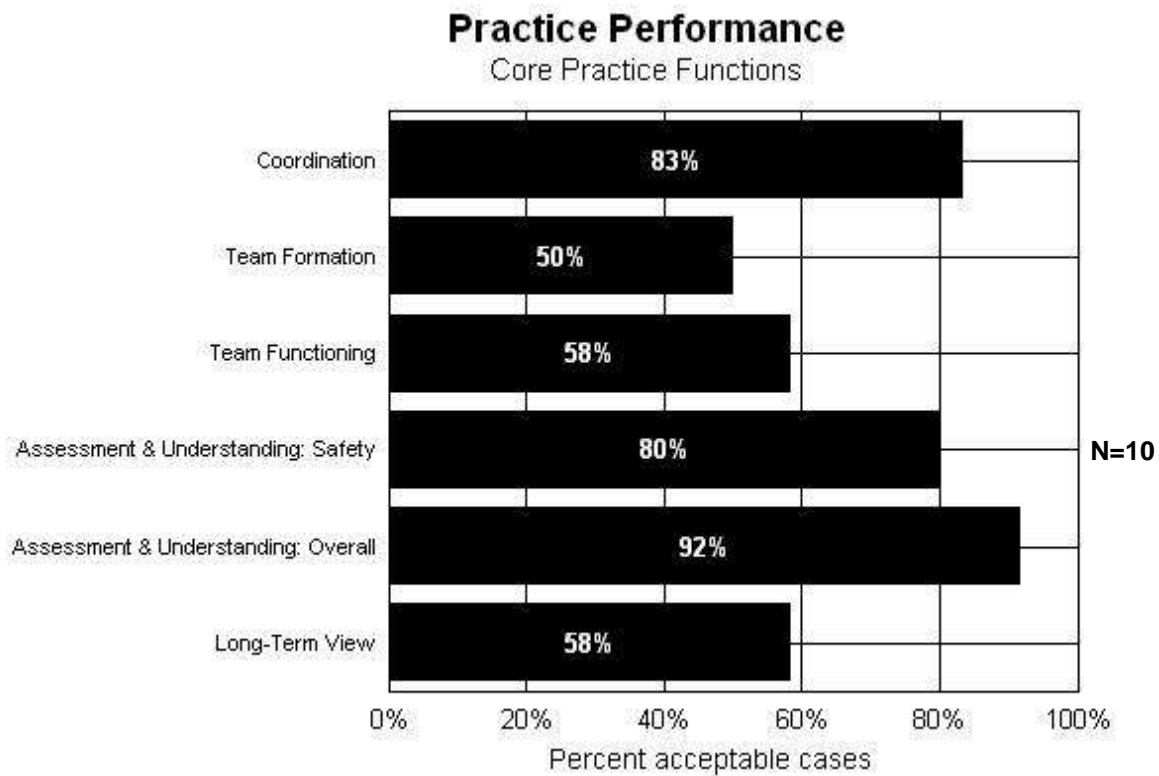
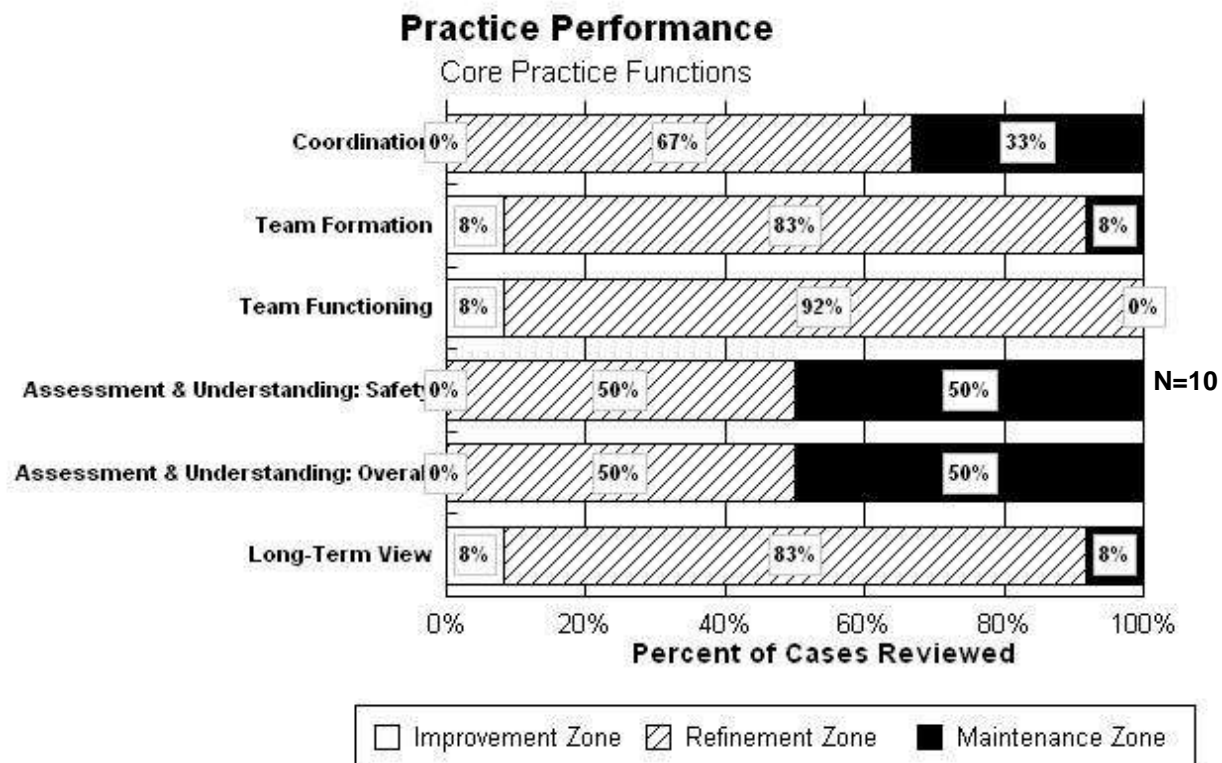
## Progress Toward Independence



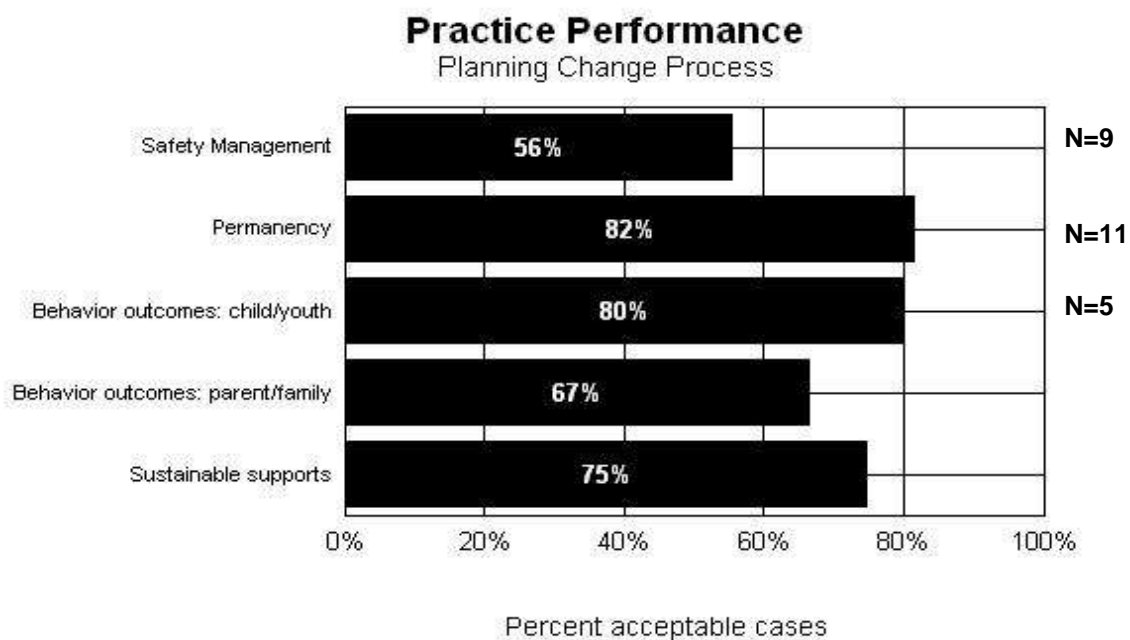
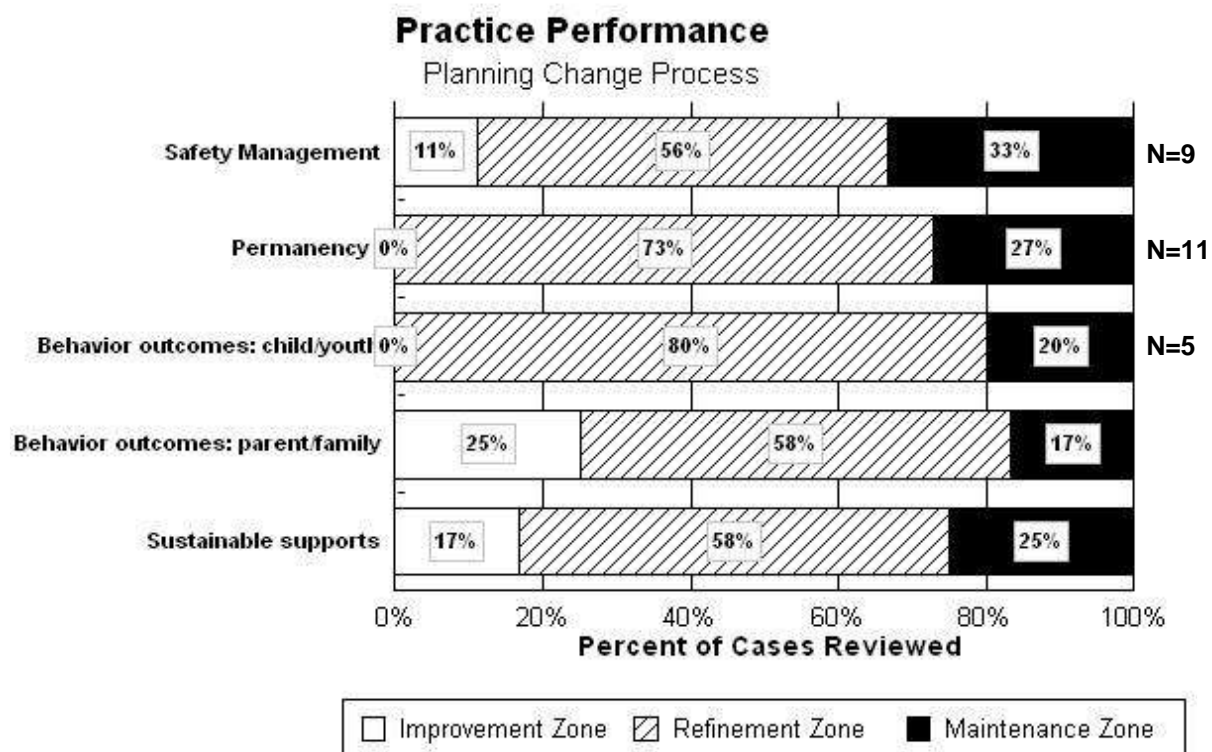
## Progress Toward Independence

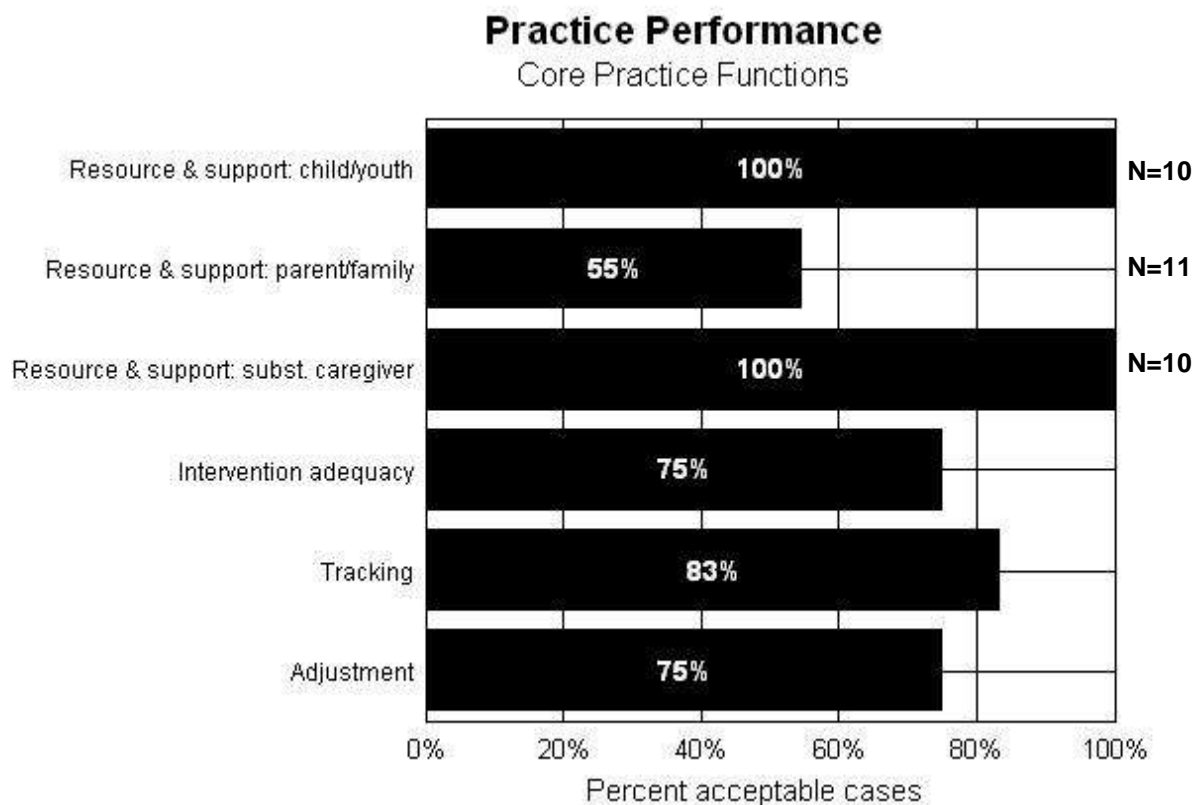
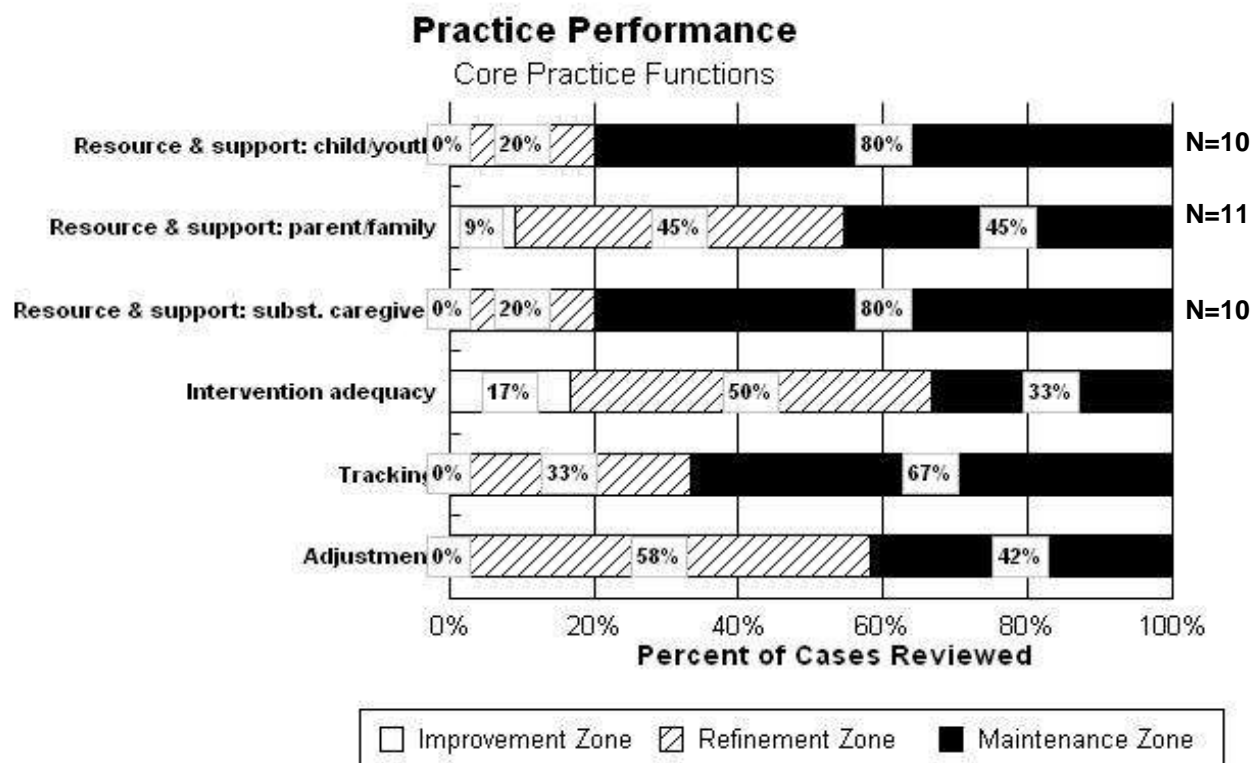


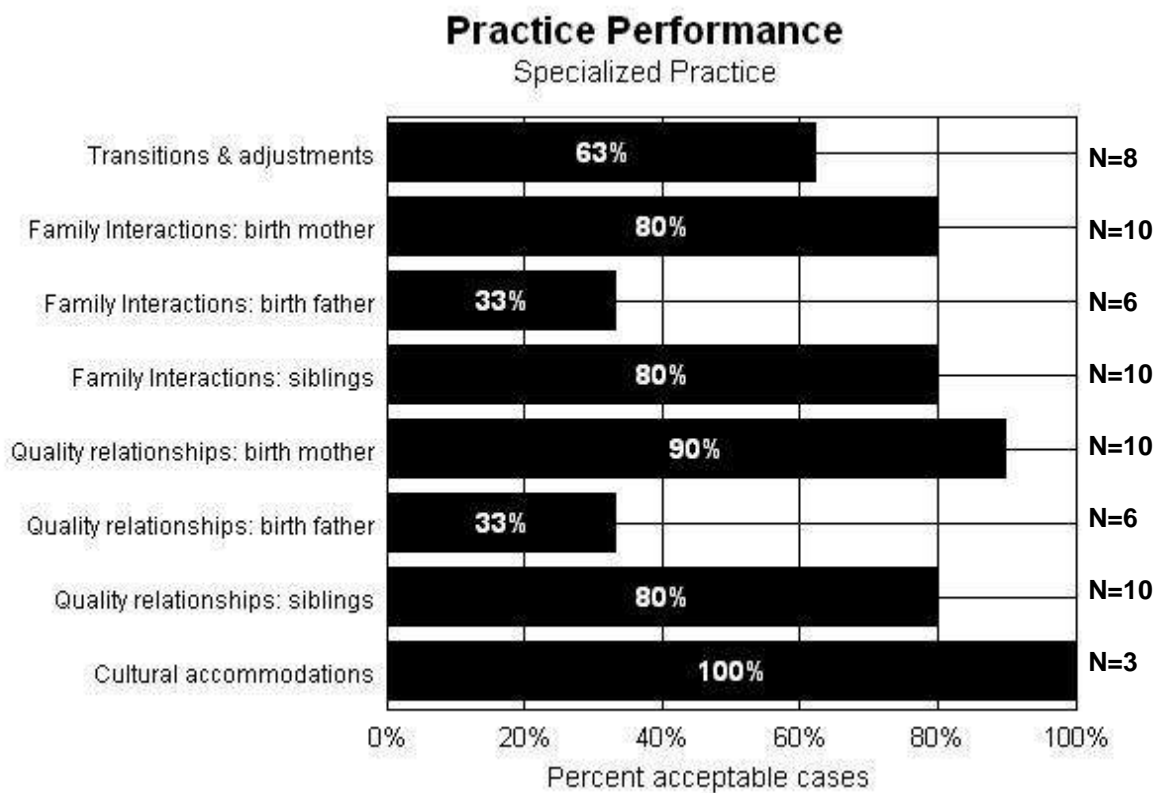
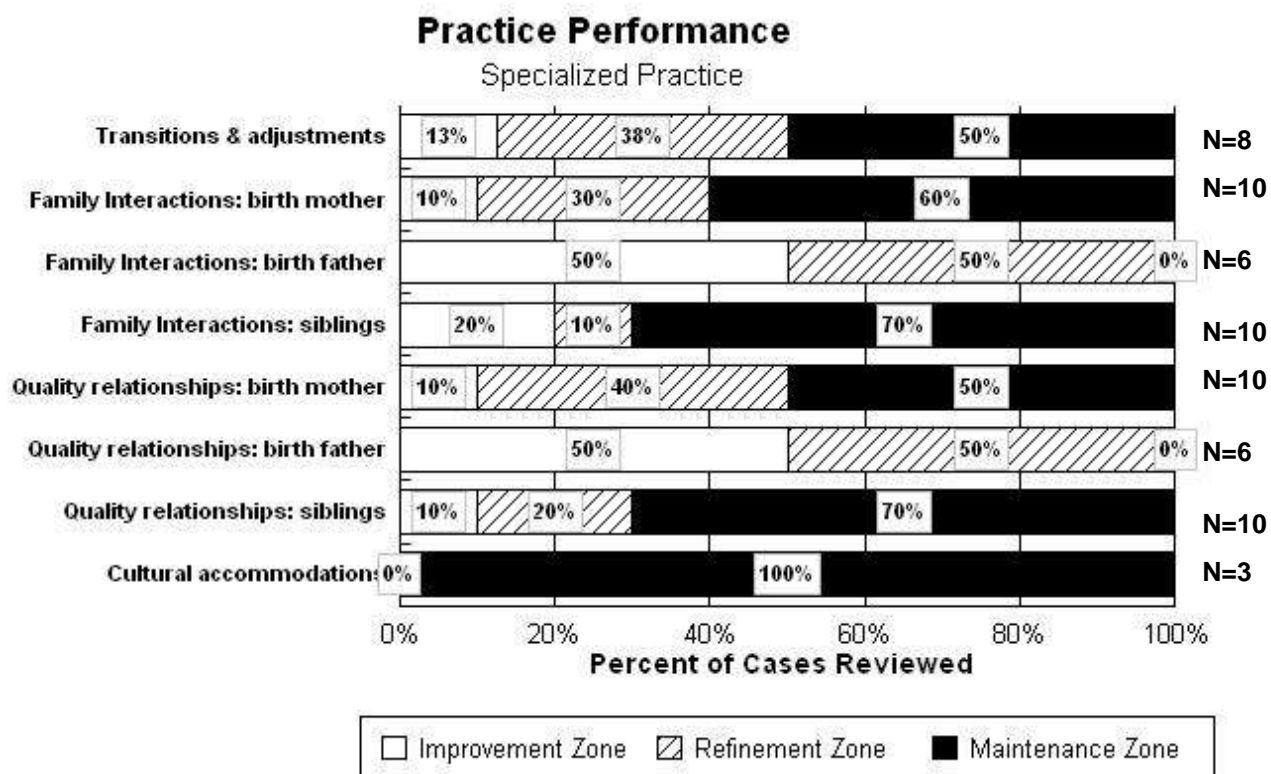


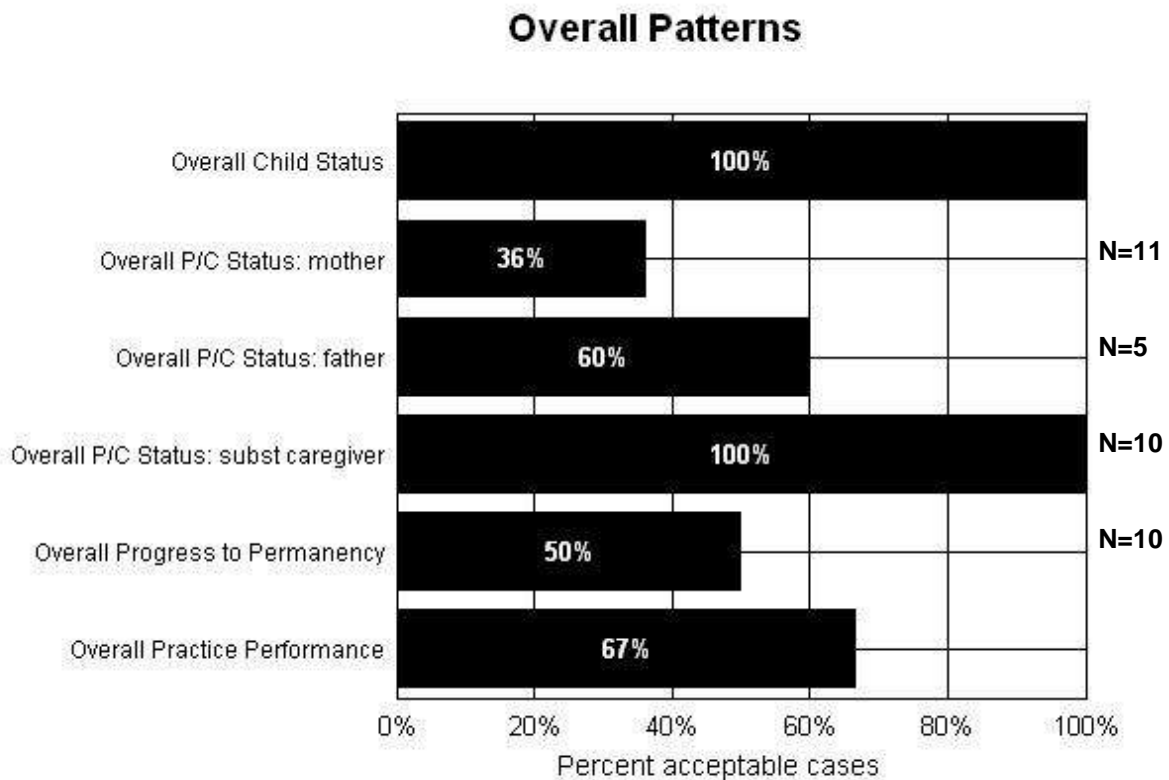
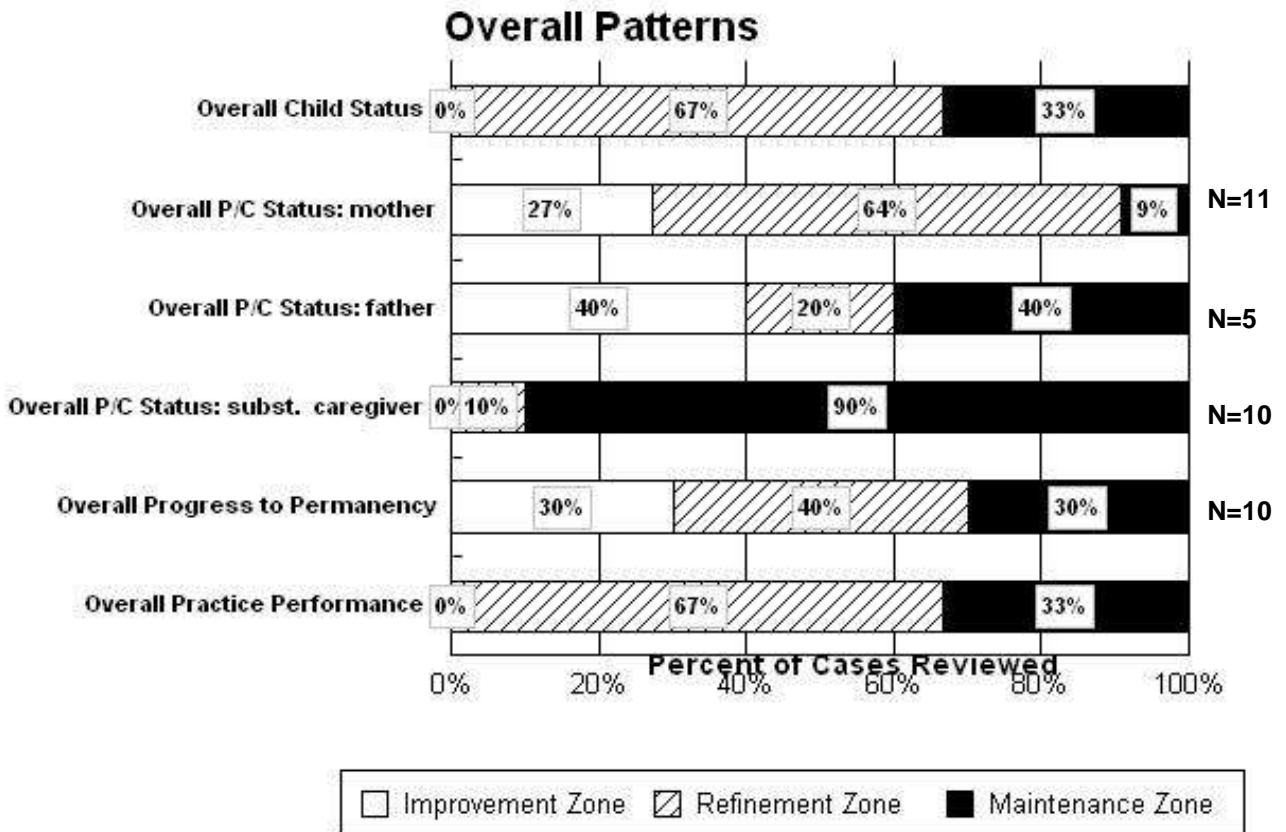












# Appendix II

## QSR Access and Initial Assessment Case Characteristics

### QSR Access – Access and/or Initial Assessment

<b>Cases by Access or IA</b>	<b>Number</b>	<b>Percent</b>
Access only	13	68%
Access & Initial Assessment	6	32%
	<b>19</b>	<b>100%</b>

### QSR Access – Access Call Monitored

<b>Access Call Monitored</b>	<b>Number</b>	<b>Percent</b>
Yes	1	5%
No	18	95%
	<b>19</b>	<b>100%</b>

### QSR Access – Type of Report

<b>Type of Report</b>	<b>Number</b>	<b>Percent</b>
CPS	16	84%
Services	3	16%
	<b>23</b>	<b>100%</b>

### QSR Access – Access Decision

<b>Access Decision</b>	<b>Number</b>	<b>Percent</b>
Screened-in	7	37%
Screened-out	12	63%
	<b>19</b>	<b>100%</b>

### QSR Access – Screening within 24 hours

<b>Was Screening Decision made within 24-Hours of Access Report</b>	<b>Number</b>	<b>Percent</b>
Yes	16	84%
No	3	16%
	<b>19</b>	<b>100%</b>

**QSR Access/Initial Assessment – Access Response Time**

<b>Access Response Time</b>	<b>Number</b>	<b>Percent</b>
Same day	1	17%
24-48 hours	1	17%
Within 5 business days	4	66%
	<b>6</b>	<b>100%</b>

**QSR Access/Initial Assessment – Assigned to IA within 24-Hours**

<b>Was Report Assigned to IA within 24-Hours</b>	<b>Number</b>	<b>Percent</b>
Yes	5	83%
No	1	17%
	<b>6</b>	<b>100%</b>

**QSR Access/Initial Assessment – Face-to-Face Contacts Frequency**

<b>Face-to-Face Contacts with Family</b>	<b>Number</b>	<b>Percent</b>
0 contacts	0	0%
1-3 contacts	4	67%
4-6 contacts	1	17%
7-10 contacts	1	17%
11+ contacts	0	0%
	<b>6</b>	<b>100%</b>

**QSR Access/Initial Assessment – Timely Face-to-Face Frequency**

<b>Timely Face-to Face Contact</b>	<b>Number</b>	<b>Percent</b>
Yes	5	83%
No	1	17%
	<b>6</b>	<b>100%</b>

**QSR Access/Initial Assessment – Time Case Open in IA Frequency**

<b>Time Case Open in IA</b>	<b>Number</b>	<b>Percent</b>
Within 60 days	4	67%
Over 60 days	2	33%
	<b>6</b>	<b>100%</b>

## QSR Ongoing Case Characteristics

### QSR/Child Status and Performance Profile - Change of Home Frequency

Change Of Home	Number	Percent
Yes	2	17%
No	8	67%
NA	2	17%
	<b>12</b>	<b>100%</b>

### QSR/Child Status and Performance Profile - Ethnicity Frequency

Latino/Hispanic	Number	Percent
Yes	4	33%
No	8	67%
Unknown	0	0%
	<b>12</b>	<b>100%</b>

### QSR/Child Status and Performance Profile - Case Open Frequency

Length of Time Case Open	Number	Percent
0-3 mos.	0	0%
4-6 mos.	0	0%
7-9 mos.	0	0%
10-12 mos.	3	25%
13-18 mos.	4	33%
19-36 mos.	3	25%
37+ mos.	2	17%
	<b>12</b>	<b>100%</b>

### QSR/Child Status and Performance Profile - Placement Changes Frequency

Placement Changes	Number	Percent
No Placements	2	17%
1-2 Placements	7	58%
3-5 Placements	3	25%
6-9 Placements	0	0%
10 + Placements	0	0%
	<b>12</b>	<b>100%</b>

**QSR/Child Status and Performance Profile - Placed with Siblings Frequency**

<b>Placed with Siblings</b>	<b>Number</b>	<b>Percent</b>
No Siblings	0	0%
Different Home	3	25%
Same Home with All	4	33%
Same Home with Some	3	25%
Not Applicable	2	17%
	<b>12</b>	<b>100%</b>

**QSR/Child Status and Performance Profile - Full Scale Intelligence Quotient (IQ)**

<b>Full IQ Scale</b>	<b>Number</b>	<b>Percent</b>
64	0	0%
87	0	0%
115	0	0%
Unknown	11	92%
NA	1	8%
	<b>12</b>	<b>100%</b>

**QSR/Child Status and Performance Profile - Educational Placement Frequency**

<b>Educational Placement</b>	<b>Number</b>	<b>Percent</b>
Regular K-12 Education	9	75%
Full Inclusion	0	0%
Part-time Special Education	1	8%
Self-contained Special Education	2	17%
Adult Basic/GED	0	0%
Alternative Education	1	8%
Vocational Education	0	0%
Expelled/Suspended	1	8%
Day Treatment Program	0	0%
Support Work	0	0%
Completed Graduated	0	0%
Dropped-Out	0	0%
Early Childhood	1	8%
Birth to Three	1	8%
*Other	1	8%

\*Other – children enrolled in daycare, not school age or specialized educational setting.



**QSR/Child Status and Performance Profile - Co-Occurring Condition Frequency**

Co-Occurring Conditions	Child		Parent	
	Number	Percent	Number	Percent
NONE	0	0%	0	0%
Autism Spectrum Disorder	1	8%	0	0%
Behavior Disorder	3	25%	0	0%
Sensory Disorder	0	0%	0	0%
Mental Illness	1	58%	7	58%
Mental Retardation	0	0%	0	0%
Neurological Impairment/Seizure	0	0%	0	0%
Specific Learning Disability	0	0%	0	0%
Degenerative Diseases	0	0%	0	0%
Chronic Health Impairment	1	8%	2	17%
Medically Fragile/Complex	0	0%	0	0%
Orthopedic Impairment	0	0%	0	0%
Physical Disability	1	8%	2	17%
Developmental Disability	0	0%	1	8%
Trauma Exposed	12	100%	12	100%
Suicide Risk	0	0%	3	25%
Pregnant	0	0%	2	17%
Substance Exposed	3	25%	0	0%
Substance Abuse/Addiction	2	17%	7	58%
*Other	0	0%	3	25%

\*Other child – multiple removals and out of home placements, Attachment issues and runaway

\*Other parents – Attention Deficit Disorder, Burn Victim, Borderline Intellectual Functioning

**QSR/Child Status and Performance Profile - Functional Limitations Frequency**

Functional Limitations	Child		Parents	
	Number	Percent	Number	Percent
NONE	11	92%	7	58%
Self-Care	1	8%	0	0%
Mobility	0	0%	1	8%
Communication	1	8%	1	8%
Self-Direction	1	8%	1	8%
Economic Self Sufficiency	0	0%	2	17%
Diminished Capacity	0	0%	1	8%
Independent Living	0	0%	1	8%

**OSR/Child Status and Performance Profile - Psychotropic Medications Frequency**

<b>Number of Psychotropic Medications</b>	<b>Number</b>	<b>Percent</b>
No Psychotropic Medications	11	67%
1 Psychotropic Medication	1	8%
2 Psychotropic Medications	0	0%
3 Psychotropic Medications	0	0%
	<b>12</b>	<b>100%</b>

**OSR/Child Status and Performance Profile - Other Agencies Involved Frequency**

<b>Agency</b>	<b>Number</b>	<b>Percent</b>
Child Welfare	12	100%
Mental Health	9	75%
Special Education	1	8%
Probation/Parole	4	33%
Developmental Disabilities	0	0%
Juvenile Justice	1	8%
Vocational Rehabilitation	0	0%
Substance Abuse	3	25%
Crisis Services	0	0%
Early Childhood	0	0%
*Other	1	8%
None	0	0%

\*Other – Domestic Violence

**OSR/Child Status and Performance Profile - Level of Functioning Frequency**

<b>Level of Functioning</b>	<b>Number</b>	<b>Percent</b>
In Level 1-5	0	0%
In Level 6-7	3	25%
In Level 8-10	7	58%
NA (Under Age 5)	2	17%
	<b>12</b>	<b>100%</b>

**QSR/Child Status and Performance Profile - Legal Status Frequency**

<b>Legal Status</b>	<b>Number</b>	<b>Percent</b>
Child in Need of Protection or Services (CHIPS)	10	83%
Consent Decree	2	17%
Termination of Parental Rights (TPR) w/ County Custody	0	0%
TPR Order	0	0%
Voluntary	0	0%
Juvenile in Need of Protection and/or Services (JIPS)	0	0%
Delinquent	0	0%
	<b>12</b>	<b>100%</b>

**QSR/Child Status and Performance Profile – Reason for Case Opening Frequency**

<b>Reason for Case Opening – Child</b>	<b>Number</b>	<b>Percent</b>
Adoption Disruption	0	0%
Physical Abuse	3	25%
Sexual Abuse	1	8%
Neglect	6	50%
Mental Health Issues	0	0%
Delinquency	2	17%
Truancy/Status Offense	1	8%
*Child - Other	1	8%

\*Other – Sexual Assault

<b>Reason for Case Opening-Family Issues</b>	<b>Number</b>	<b>Percent</b>
Failure to Protect	3	25%
Absent Parent	2	17%
Substance Abuse	3	25%
Domestic Violence	4	33%
Neglect	4	33%
Mental Health Issues	4	33%
Housing	2	17%
*Family - Other	2	17%

\*Other – child's special needs and attempted suicide

**QSR/Child Status and Performance Profile - Permanency Goal Frequency**

<b>Permanency Goal</b>	<b>Number</b>	<b>Percent</b>
Reunification	7	58%
Remain at Home	3	25%
Long-term Foster Care	1	8%
Permanent Placement with fit and willing relative	1	8%
Adoption	0	0%
Independent Living	0	0%
Legal Guardianship	0	0%
Not Applicable	0	0%
Other	0	0%
Sustaining Care (TPR)	0	0%
	<b>12</b>	<b>100%</b>

**QSR/Child Status and Performance Profile - Concurrent Goal Frequency**

<b>Concurrent Goal</b>	<b>Number</b>	<b>Percent</b>
No Concurrent Goal	4	33%
Adoption	4	33%
Permanent Placement with fit and willing relative	2	17%
Legal Guardianship	1	8%
Independent Living	1	8%
Long-term Foster Care	0	0%
Reunification	0	0%
Other	0	0%
Sustaining Care (TPR)	0	0%
	<b>12</b>	<b>100%</b>

**QSR/Child Status and Performance Profile - Length of Stay in Current Program Frequency**

<b>Length Of Stay in Current Placement Program</b>	<b>Number</b>	<b>Percent</b>
Not Applicable	3	25%
0-3 mos.	3	25%
4-6 mos.	0	0%
7-9 mos.	2	17%
10-12 mos.	0	0%
13-18 mos.	4	33%
19-36 mos.	0	0%
37 + mos.	0	0%
	<b>12</b>	<b>100%</b>